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Living conditions and quality of life

Unpaid care in the EU

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Contents

Executive summary

Introduction

Care is a central issue in national- and EU-level policy discussions, with ongoing reforms aimed at ensuring the provision of high-quality care services and the well-being of those delivering care.

Throughout this report, 'unpaid care' refers to care, support or help provided to a person of any age by a family member, a relative, a neighbour, a friend or another member of the community without financial compensation. This includes (grand)parenting and informal/family caregiving.

The role of unpaid carers becomes all the more vital when formal care services are under pressure, yet those who provide this care often remain unrecognised and unsupported. Ensuring adequate provision of formal care services is key to making unpaid caregiving a genuine choice, not a necessity driven by a lack of formal care services.

In all societies, unpaid care plays an important role in supporting individuals of all ages. The demand for care and support is strongly shaped by demographic shifts. The median age in the EU has increased over time, and fertility rates remain below replacement levels, creating an imbalance between working-age individuals and people with care or support needs. Smaller family sizes, increased geographical dispersion and declining marriage rates have weakened traditional support networks, reducing the pool of unpaid carers. Women have historically been the main providers of care in the EU. An increase in women's labour market participation has reduced their availability to provide unpaid care and made it more difficult to reconcile paid work with unpaid care. Formal care services are stretched to meet these growing needs. Policymakers must navigate these intersecting challenges to ensure resilient and equitable care systems across the EU.

This report investigates unpaid carers' situation, their characteristics, the type of care and support they provide, their well-being and the challenges they face. It includes an analysis of how unpaid caregivers are defined across the EU and an exploration of national-level policies that aim to support them. While all unpaid caregivers are covered, specific attention is given to young carers and those balancing multiple caregiving responsibilities.

Policy context

Unpaid caregivers require support in multiple areas, including healthcare, financial assistance, social protection and skills development. However, the fundamental issue remains recognition – that is, ensuring that unpaid carers are recognised, acknowledged and supported.

The importance of balancing employment and caregiving responsibilities to support a competitive economy is recognised in EU policymaking. Several key policies address unpaid care from multiple angles: the work–life balance directive (Directive (EU) 2019/1158) established minimum standards for parental, paternity and carer's leave; the European care strategy (2022) promotes a life-course approach to care and work–life balance; and the Council recommendations on childcare and long-term care aim to increase the availability of formal care services and to support unpaid carers. The gender equality strategy (2020–2025) acknowledges the burden of care on women and aims to close gender gaps in the labour market. Similarly, the strategy for the rights of persons with disabilities (2021–2030) highlights reliance on unpaid care for independent living.

The EU is set to introduce initiatives affecting unpaid care, including a new gender equality strategy, a quality jobs roadmap, an anti-poverty strategy and a strengthened child guarantee, all of which could support caregivers.

Key findings

- Ageing populations, declining fertility rates and changing family structures, along with climate change and digitalisation, are reshaping care needs and the provision of care.
- Nearly half (45 %) of the EU population provides unpaid care. Ten per cent of people balance multiple caring responsibilities simultaneously. Women are more likely than men to provide unpaid care, and are especially likely to provide care intensively, and to juggle multiple care roles.
- 'Hidden caring' means that many unpaid carers are not identified through surveys, and data on young carers (aged under 18) are particularly scarce. Lower-bound estimates suggest that nearly a quarter of 15- to 17-year-olds provide unpaid childcare, and 8–24 % provide long-term care.
- The average weekly unpaid care commitment is 29.7 hours for all unpaid carers, while young adolescent carers average 18.0 hours. Carers in dual or triple roles provide considerably more.

- Sixty-one per cent of people providing unpaid long-term care and 67 % of those providing unpaid childcare are also engaged in paid work.
- Unpaid caregiving is often driven by obligation rather than choice, shaped by societal norms and limited availability of affordable formal care services of good quality.
- Unpaid caregiving can negatively affect caregivers in multiple ways, for example reducing labour market participation, causing financial strain, leading to social isolation and loneliness, and affecting carers' physical and mental health.
- Recognition and definitions of unpaid carers vary across the EU, leading to differences in national support systems, financial measures and social protection in terms of eligibility, coverage and effectiveness.
- Flexible work and care leave policies help carers combine employment and caregiving, preventing economic hardship and withdrawal from paid employment. Significant variations in the generosity of care reconciliation measures remain across the EU.
- Access to affordable formal care services of good quality is key in ensuring that caregiving is a genuine choice, in supporting unpaid caregivers, and in alleviating carer burden.
- Respite care and day centres are key to preventing carer burnout, while training, education and targeted health interventions support carers' health and well-being.
- Young carers remain largely invisible in policy frameworks, though support frameworks are emerging in some Member States.

Policy pointers

- Ensure unpaid carers are recognised through legislation, national strategies and policy frameworks. Recognition must be inclusive of all age groups, diverse family structures and non-family carers. Self-identification should be facilitated, ensuring access to support.
- Support carers through providing affordable and accessible high-quality care services, including childcare, respite care and home assistance.
- Provide flexible care-related leave for carers in employment or education.
- Enhance carers' capabilities through training and education. In addition, facilitate the transferability of caregiving experience to the labour market.
- Provide clear, accessible information on support available to carers.
- Improve the financial well-being of caregivers through social protection schemes, and by enhancing wider social protection for carers by linking care periods to entitlements and health and accident insurance.
- Acknowledge and alleviate both direct and indirect financial costs borne by unpaid caregivers.
- Safeguard unpaid carers' health and well-being, tackling stigma and addressing physical strain and exposure to hazards. Mental health support should be tailored to specific caregiving challenges, including loneliness.
- Ensure comparative data collection on unpaid caregiving across the EU, utilising administrative data sources and employing survey methods that minimise hidden caring and under-reporting of care, especially among young carers.
- Adopt a holistic view of caregiving, acknowledging people with simultaneous care roles, young carers and carers needing care themselves, while targeting carers with the greatest support needs.

Introduction

Care has a fundamental role in our societies. We all have care needs during our early years, and to varying degrees as we reach older ages. Many people have short- or long-term health issues or frailties due to ageing and therefore require care and support from others around them. Care sustains individuals, families and communities by ensuring that people receive the support that they need in order to live with dignity, to safeguard their well-being, to fulfil their potential and to thrive throughout their lives.

Many people, women in particular, spend considerable shares of their lives participating in unpaid caring activities. People providing childcare nurture future generations who will, in turn, need to recognise the value of care within families and communities. Unpaid care in particular strengthens intergenerational ties, reinforces social bonds and builds resilience in communities. For these reasons, care plays a fundamental role in supporting our societies and economies. Sometimes the choice to contribute is made freely, but often unpaid care is provided either because people cannot afford to purchase care services on the market, or because public or private service provision is inadequate.

Defining unpaid care

Unpaid care, as defined in this report, refers to care, support or help provided to a person of any age without financial compensation. Caregivers include care recipients' family members, relatives, neighbours or friends, or other members of the wider community. Such care is typically based on a pre-existing relationship between the carer and the care recipient and is provided to a wide range of individuals, including children, older people, people with disabilities, those with chronic health conditions and people with a temporary need for assistance. Unpaid care can be either direct care – personal, nurturing or 'relational' – or indirect care, which includes support that is not provided face to face and tasks such as household work and transport. The duration of unpaid care varies, ranging from short-term assistance to medium-term and long-term caregiving commitments. While caregivers may receive social benefits, care allowances or tokens of appreciation, their primary motivation is not financial gain. Unpaid care is most often provided in the recipient's home; in the caregiver's home, when the two parties live together; or in a residential care setting (Figure 1).

Figure 1: A working definition of unpaid care

Who cares?	**Who is cared for?**	**What tasks?**	**For how long?**	**Who pays?**	**Where?**
Family members, relatives, friends, neighbours or other members of the community.	People requiring care or support, regardless of age or health status.	Direct or indirect care or support that addresses physical, psychological or emotional needs.	Duration ranges from short term to long term.	No direct payment is provided. Carers may receive social benefits, care allowances or tokens of appreciation.	Provided in the care recipient's home, the carer's home or residential care settings.

Source: *Eurofound*

A holistic definition of unpaid care is adopted in this report; its coverage is wider than often considered in the literature. For example, 'informal caregiving' or 'family caregiving' often excludes childcare, and instead only includes care given to people with long-term care needs stemming from illness, disability or old age. While in existing literature different types of unpaid care (for example, childcare or long-term care) are often examined in isolation, an all-encompassing life-course approach to assessing unpaid caregiving allows for the examination of the many types of care that often take place either at different points in time or simultaneously during a person's life.

Role of unpaid care in care systems

Care provision within a society can be organised in many ways. A useful distinction between regulated and unregulated care is made by Eurofound (2025). Regulated care is provided by professional carers and volunteers, while unregulated care is provided by either paid individuals who operate outside of formal regulatory oversight, or unpaid informal carers – the focus of this report.

In the case of childcare and care for people with non-intensive or non-complex needs, many unpaid carers provide their care with minimal support from formal care services. However, often unpaid care is provided as one component in a mix of formal and informal services. Especially for people with significant long-term care needs, care is often arranged in the form of a 'care triad', which is a network that consists of the care recipient, the unpaid carer and formal care services (for instance, healthcare and social care professionals) (Hengelaar et al., 2018). In such cases of shared care, professional carers commonly provide physical and medical care, while unpaid carers provide the majority of personal care and household help (Triantafillou et al., 2010).

For example, in the case of older adults with care needs, unpaid care is the most common type of care provided in Europe (Rocard and Llena-Nozal, 2022). Despite its essential role, unpaid caregiving is often under-reported and tends to be less visible than formal care. When formal care services are under strain, the role of unpaid carers becomes ever more crucial in meeting growing care needs. However, unpaid carers risk being unrecognised and lacking the support necessary to sustain their vital contribution.

Familialism and EU care regimes

Care provision in different societies is typically shared between three sectors: the state, the market and families. The balance between the sectors in care provision varies, with some societies relying heavily on public provision of care services, while families play a larger role in others. Systems can be classified as familialistic or defamilialising depending on whether the family's caring function is supported by policy design.

In countries with strong familialism, welfare regimes are built on the assumption that families are responsible for their members' welfare, and societal and policy frameworks emphasise the role of families in the provision of care and support. It is assumed that households and families look after the well-being of their members. With defamilialising regimes, public social services or market-driven provisions are used to relieve families' responsibility and reduce the role of kinship.

Across the EU, there is great variation in the support given to unpaid carers and public expenditure on formal care. While some countries rely heavily on unpaid care, others have stronger state interventions, either through the direct provision of services or through cash benefits (Courtin et al., 2014). Many European countries, particularly in the south and east, lack comprehensive formal care infrastructure, which necessitates reliance on unpaid carers (Spasova et al., 2018). It has been shown that high levels of public spending on formal long-term care provision are linked to a high overall prevalence of unpaid caregiving, but a lower rate of intensive caregiving (Verbakel, 2018). The classification of EU care regimes is not a straightforward exercise. While the traditional classification of regimes into the Mediterranean (mainly private), Nordic (mainly public) and continental (mixed) models was long considered standard, recent transformation in EU care systems and economies has rendered this classification less fitting to the current situation. Other classification approaches in the literature are based on various criteria, such as levels of public spending, the balance between cash benefits and services, access regulations, service costs, reliance on unpaid care, service availability, the intensity of state interventions and the emphasis of familialism or defamilialisation in care policies (Ariaans et al., 2021; Bettio and Plantenga, 2004; Boje and Ejrnœs, 2011; Damiani et al., 2011; European Commission, 2022; Kodate and Timonen, 2017; Verbakel et al., 2022). It is important to appreciate this diversity when considering policy lessons. Implications of policy transfer between countries with very different care regimes must be carefully considered, given systemic differences in how care is organised, funded and delivered.

Naturally, the characteristics of national care regimes are not static, but rather evolve over time. For example, while public support expanded during the second half of the 20th century, the economic crisis of 2007 and subsequent fiscal pressures strained these support systems considerably, moving the balance towards more private care regimes (Ariaans et al., 2021; Spasova et al., 2018). Many EU Member States are gripped by care crises, characterised by high levels of public spending, staff shortages, ageing workforces and resources stretched under the pressures of increasing demands. Undeclared work is widespread, leaving workers in vulnerable situations (Eurofound, 2025).

EU policy landscape

The topic of care is high on the agenda in many national- and EU-level policy discussions. Policy reforms aim to ensure adequate provision of high-quality care and support services, and the well-being of people who provide such services, in many different settings. As countries face increasing pressures when it comes to the provision of formal services in this area, pressures also mount on unpaid caregivers, who provide invaluable care and support to their loved ones.

Since the early 2000s, the EU has presented in several forums the idea that a competitive economy requires enabling EU citizens to balance employment with caring for their dependents. In this light, several EU initiatives have addressed the multidimensionality of unpaid care, from different entry points, starting from employment. The work–life balance directive (Directive (EU) 2019/1158), approved in 2019 and incorporated into national law by August 2022, includes minimum standards for parental, paternity and carer's leave, and flexible working arrangements. The directive has already influenced legislation benefiting unpaid carers in several Member States. This finding is discussed in Chapter 4 of the report.

From another perspective, the European care strategy, adopted by the European Commission in 2022, has promoted a life-course approach to meeting care needs across all ages, and aims to improve caregivers' work–life balance. It provides direction for intervention and is accompanied by two proposals for Council recommendations: one on revising the Barcelona targets for early childhood education and care, and another on access to affordable, high-quality long-term care. The European Commission plans to publish a report on the implementation of each of the recommendations within five years. Ancillary is the more recent International Labour Organization resolution concerning decent work and the care economy. It not only acknowledges the fundamental role of unpaid carers, but also addresses the disproportionate burden on women in care work. The resolution highlights the need for high-quality, accessible care services while promoting policies supporting work–life balance and universal social protection systems for unpaid care (ILO, 2024). The World Health Organization Regional Office for Europe, with the support of the EU, also contributed to the discourse by launching in November 2024 a 'State of long-term care toolkit', designed to support the reform and transformation of care systems by promoting learning, collaboration and trust (WHO, 2024).

Gender is a fundamental dimension of care, which is recognised in the EU gender equality strategy (2020–2025). The key objectives of this strategy include challenging gender stereotypes, closing gender gaps in the labour market, achieving equal participation across different sectors of the economy and addressing the gender pay and pension gaps. All of these objectives have a clear link to care; for example, redistributing caring responsibilities between genders and balancing unpaid care with formal care can lead to a narrower gender pay gap. Another strategic document, *Union of equality – The strategy for the rights of persons with disabilities 2021–2030*, also has important links to care. For example, the guidance on independent living, which promotes living at home, but also the framework for access to social services of excellence, require for their delivery a concerted effort with unpaid carers.

When it comes to the policy environment surrounding unpaid caregiving, it should be noted that the EU holds shared, rather than exclusive, competencies in this area. This means that while both the EU and individual Member States can legislate and adopt legally binding measures, Member States can only exercise their competence where the EU has not exercised its own. In practice, this translates to the EU addressing care through either direct initiatives, such as the European care strategy, or mediated interventions through related special competency areas, particularly through employment policy – as demonstrated by the work–life balance directive. In parallel, unpaid care is seen as a national-level policy area by the Member States, especially because it is shaped by culture, societal attitudes, national labour markets and employment conditions, institutional frameworks and available resources (di Torella and Masselot, 2020).

Looking ahead towards the future of the EU policy framework, the European Commission's 2024–2029 strategic agenda introduces several policy initiatives that could have an impact on unpaid care across the EU. The new (post-2025) gender equality strategy, together with the roadmap for women's rights, is likely to address aspects of unbalanced caring responsibilities as part of its broader agenda, aiming to promote the recognition and redistribution of the burdens of caring. The quality jobs roadmap, with its emphasis on fair working conditions and job transitions, includes elements that relate to work–life balance considerations for those managing care duties. The Commission's commitment to youth engagement through policy dialogues and the President's Youth Advisory Board opens channels through which young carers can be represented and their perspectives made visible. Furthermore, the proposed first-ever EU anti-poverty strategy could facilitate the acknowledgement of the challenges that often accompany caring responsibilities, while the strengthened focus of the European child guarantee on essential services may help support families, especially when multiple care needs are present.

Data sources

The main data sources analysed in this report are the European Social Survey (ESS); the Survey of Gender Gaps in Unpaid Care, Individual and Social Activities (CARE); and the Survey of Health, Ageing and Retirement in Europe (SHARE) (1).

The strengths of the ESS are that the latest available data were collected during 2023 and 2024, allowing a recent examination of caregiving among the population aged 15 and over, and that the same data were collected in a round of the survey administered between 2014 and 2015, permitting comparisons between these estimates over time. Limitations of the ESS include that no data on unpaid childcare were collected, and that data were not collected for all Member States.

When it comes to CARE, the main benefits of the data are their EU-wide coverage, the comprehensive range of unpaid care tasks included, and that information about issues such as care tasks, care recipient characteristics and experiences with support for unpaid carers are collected. Caveats include that the data were collected during 2022, when the COVID-19 pandemic was still affecting care services in the EU, although acute effects had subsided. Additionally, only one round of data was available at the time of writing, hence prohibiting comparisons over time.

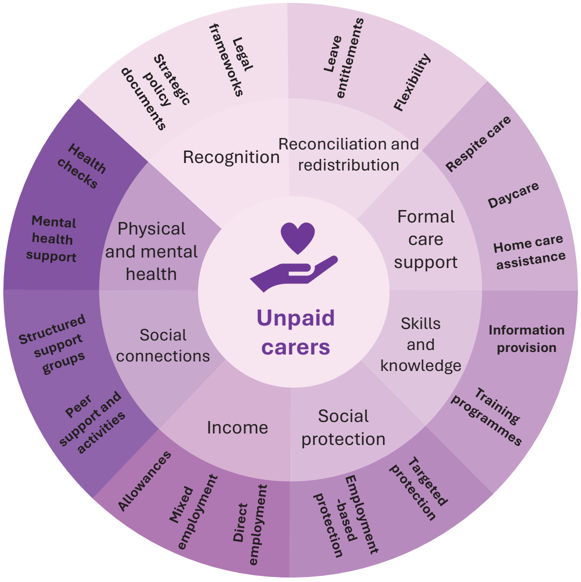
While SHARE only captures the population aged 50 and over, it has many benefits, including its wide country coverage and its inclusion of both childcare and care for adults. SHARE's panel structure allows the same individuals to be followed through time.

While the aforementioned surveys differ in their approaches and coverage, together they help to paint a relatively comprehensive picture of unpaid caregiving in the EU. To complement this picture, the reporting presented here draws from existing literature and smaller-scale and national surveys on the topics covered, including research on young carers that draws from the 'Psychosocial support for promoting mental health and well-being among adolescent young carers in Europe' (Me-We) project and the Health Behaviour in School-aged Children survey. In addition, the European Values Study and the World Values Survey provide valuable information about the cross-country differences and developments over time in individual views, opinions and beliefs about unpaid caregiving.

From needs to solutions: supporting unpaid carers

The structure of this report is built around a policy wheel. To support readers and to conceptualise the discussion, a wheel with three layers was designed. Figure 2 maps the journey from identifying unpaid carers (the circular core) to understanding their needs (the next layer) and developing appropriate policy interventions (the outermost layer). This wheel serves as a compass aiding the design of a comprehensive framework for supporting unpaid caregivers.

Figure 2: Policy wheel regarding support for unpaid carers



Source: *Eurofound*

At the core of the research are unpaid carers themselves. After a discussion in Chapter 1 about current developments that drive changes in the demand for and delivery of unpaid care, Chapter 2 explores survey data from across the EU, examining who the caregivers are; what their relationship to the care recipient is; the type, extent and intensity of their caring; and the motivations behind their caring. In addition, it discusses how this picture has evolved over time.

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(1) Although relevant to the topic, data from harmonised European time use surveys are not analysed in this report, as the evidence is relatively dated, with the latest data collection having taken place between 2008 and 2015. The latest Harmonised European Time Use Survey data, being collected at the time of writing, will offer new insights into EU citizens' time use.

Chapter 3 expands beyond the core of the policy wheel, focusing on the diverse needs and challenges of unpaid carers. It examines key aspects such as recognition, financial security, mental and physical health, social and emotional support, care–life balance, access to care resources, skills development and social protection. The chapter explores existing evidence of how unpaid caregiving affects these areas and presents the latest EU-wide data.

Chapter 4 explores policy solutions that support caregivers' diverse needs. It links key policy interventions to each need, outlining strategies for a balanced policy mix. Recognition is ensured through legal frameworks, while reconciliation and redistribution are supported by leave entitlements and flexibility policies. Formal care services, such as respite and home care, provide relief, and training programmes enhance skills. Social protection is offered through employment-based or targeted measures, while financial needs are addressed through allowances and employment options. Social connections are fostered through support groups, and health needs are met with mental health support and health checks.

The final chapter provides conclusions and policy recommendations for a comprehensive approach to unpaid care.

1 Unpaid care in transition

Increasing care needs and a declining pool of unpaid carers

Both the demand for and the supply of unpaid care in the EU are expected to evolve over the coming years and decades. This transformation stems from many factors, with key drivers including population ageing, changes to family structures, increasing participation of women in the labour market and the ongoing drive towards the deinstitutionalisation of care provision. As unpaid care work is distributed among a more diverse group of carers, policymakers need to take into account the variety of circumstances and needs of unpaid carers to ensure that support systems are inclusive and effective. The drivers of demand and supply of unpaid care are important considerations in care policy reforms (European Commission, 2018).

Fertility dynamics

In 2023, the EU's total fertility rate was 1.38 live births per woman – significantly below the replacement rate of 2.1, needed to maintain population stability. Among Member States, Bulgaria (1.81), France (1.66) and Hungary (1.55) reported the highest total fertility rate. By contrast, Malta recorded the lowest rate, at 1.06, followed by Spain (1.12) and Lithuania (1.18). Compared with a decade earlier (2013), this figure had declined from 1.51 across the EU (Eurostat (tps00199)). As fewer children are born and a higher share of people are childless, the need for childcare in general diminishes in societies.

This demographic shift is accompanied by a clear trend towards later parenthood, with the mean age of women at childbirth at 31.2 years in 2023. In 2013, this figure stood at 30.3 years. Member States with the youngest average maternal age at childbirth (below 30 years) are Bulgaria, Romania and Slovakia, whereas the age is 33 years or older in Italy, Spain and Ireland (Eurostat (tps00017)). The implications of childbearing later in life on care needs in general, and on unpaid care needs in particular, are multifaceted. On the one hand, the delay in having children may mean that parents are in a better financial position to be able to afford formal childcare. On the other hand, with delayed childbirth, parents of young children today are less likely than in the past to have grandparental help with childcare, and more likely to belong to the 'sandwich generation' of carers who need to simultaneously provide care for their own children and their older parents.

Eurostat's figures on the average age of women at the birth of their first and subsequent children allow the examination of the change over time in the spacing of births. It is evident that age gaps between siblings have shortened over time: the average age gap between first and second child decreased from 2.5 to 2.2 years between 2013 and 2023 in the EU, while the age gap between the first and the third child decreased from 3.8 to 3.2 years (Eurostat (demo_find)). These figures indicate that while people in the EU are having children later in life on average, they are having children temporally closer together. While this development reduces the number of years for which families face intensive childcare needs, it may also increase the intensity of care required, as multiple young children need care and attention simultaneously.

Changes to longevity and morbidity

Demographic shifts and dependency ratios

The EU population is ageing, with the median age increasing from 39.3 to 44.7 years between 2004 and 2024. While this indicator increased in all Member States, the most profound hikes (at least eight years) were registered in Slovakia, Greece, Portugal and Romania (Eurostat (demo_pjanind)). Between 2003 and 2023, life expectancy at birth in the EU increased by nearly four years, from 77.7 to 81.4 years (Eurostat (demo_mlexpec)). In the longer term, the share of people aged 80 and above in the population is expected to increase significantly, from 6.1 % in 2025 to 10.9 % in 2050 and 13.3 % in 2075, and reach 15.3 % by 2100 (Eurostat (proj_23np)).

While people living longer lives is a human success story overall, this development is not without its challenges. As populations age and fertility rates decline, the ratio of working-age individuals to those potentially needing care becomes increasingly imbalanced: the age dependency ratio increases. In the EU, the proportion of the population aged either 0–14 years or 65 years and older, compared with the population aged 15–64 years, increased by 8.3 percentage points (from 48.4 % to 56.8 %) between 2004 and 2024. This proportion declined or remained the same only in Luxembourg and Malta, whereas it increased in the other Member States, most notably (by more than 10 percentage points) in Slovakia, Poland, Finland, Latvia, Bulgaria, Slovenia and Czechia. In 2024, the ratio was highest (exceeding 60 %) in Sweden, Bulgaria, Finland and France. This means that fewer working-age people are available to support younger and older cohorts: in 2004, for each 'dependent' person there were 2.1 working-age people. By 2024, this had decreased to 1.8 (Eurostat (demo_pjanind)). As this ratio declines, signalling a shrinking pool of potential unpaid caregivers, pressures may grow on groups traditionally less involved in unpaid care – such as men and younger individuals –

to increase their unpaid care provision. This shift in caregivers' demographics brings with it an additional challenge for policymakers, who must consider their diverse circumstances and needs.

Expanding morbidity and changing care needs

While older age is not a sufficient condition for care or support needs, age is strongly correlated with long-term care needs and disability. Projected increases in chronic illness and disability translate to challenges in meeting increased care needs (European Commission, 2023). The proportion of people in the EU reporting difficulties in carrying out personal care or household activities increases from 25.9 % among people aged 55 to 64 years to 36.3 % among people aged 65 to 74 years, and reaches 64.7 % among people aged 75 and older (Eurostat (hlth_ehis_tau)) (2). The hopeful idea of the 'compression of morbidity' is that as longevity increases the onset of chronic illness and disability is delayed, allowing a greater share of life to be spent in good health. However, between 2007 and 2022, the gap between overall life expectancy and 'healthy life years' (the number of years that a person is expected to live without an activity limitation) widened by an average of 0.6 years in the EU (from 17.4 to 18.0 years) (Eurostat (hlth_hlye)). This trend suggests that while people are living longer, a greater proportion of their later years are spent with health limitations, contradicting the expectation of morbidity compression. As many older adults in couples become each other's caregivers, these trends suggest a growing prevalence of caregivers who are themselves in poor health.

Considering the evidence regarding the prevalence of activity limitations and the expansion of morbidity discussed above, the old-age dependency ratio (the ratio of the population aged 65 years or over to the population aged 15–64 years) can be a useful indicator when predicting care and support needs resulting from population ageing, and the size of the corresponding potential pool of caregivers. In the EU overall, the proportion of the population aged 65 years or over compared with the population aged 15–64 years increased by 9.5 percentage points (from 24.4 % to 33.9 %) between 2004 and 2024. It increased in all Member States, most notably (by more than 12 percentage points) in Czechia, Slovenia, Portugal, Bulgaria, Poland and Finland. In 2024, the proportion was highest (reaching 38 %) in Finland, Portugal, Bulgaria and Italy, meaning that there were only 2.6 people of working age for every person aged 65 or over in these countries (Eurostat (demo_pjanind)). In the EU, this proportion is projected to increase to 50.4 % by 2050, to 55.5 % by 2075 and to 59.7 % by 2100 (Eurostat (proj_23np)).

The expansion of morbidity signals an increase in care needs. When combined with an increasing old-age dependency ratio, this trend presents an additional challenge: a growing number of unpaid carers are likely to have care needs themselves. This highlights the need for policies that not only address rising care demands but also support unpaid carers who struggle with their own well-being.

Gender-specific time trends in life expectancy may have an impact on future profiles of unpaid caregivers. In heterosexual couples, women are more likely to outlive their partners due to both their longer life expectancy and the traditional age gap, with many women being younger than their partners (Nivakoski and Nolan, 2018). This means that women have a higher likelihood of becoming a spousal caregiver, while men are more likely to become care recipients. However, recent gains in life expectancy have been greater for men than for women, which may translate to a possible increase in men's roles as unpaid caregivers.

Changing household structures and family networks

Household and family structures have evolved in recent decades, with declining household and family sizes, rising numbers of single-parent families, a reduction in multigenerational households and increased geographical dispersion of families. Marriage rates in the EU have undergone a dramatic transformation since record-keeping began in 1964, with the crude marriage rate falling from 8.0 to 4.0 per 1 000 people by 2023, representing a decline of 50 % (Eurostat (demo_ndivind)). During this same period, divorce patterns moved in the opposite direction, with the crude divorce rate doubling from 0.8 to 1.6 per 1 000 people (Eurostat (demo_ndivind)). This increase can be partially attributed to the legalisation of divorce in several Member States, including Ireland, Italy, Malta and Spain.

The share of single-parent households (out of all households with children) increased from 10.5 % to 12.7 % between 2009 and 2024 in the EU (Eurostat (lfst_hhnhtych)). Although women have been and continue to be the primary caregivers for children within families, the increase in single-parent households limits the overall availability of parental childcare, as only one parent is present in the household, while the decrease in multigenerational households reduces the availability of grandparental childcare. Since the vast majority of single parents are women, the trend of increasing prevalence of single-parent households continues to amplify women's role as caregivers.

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(2) Based on data from 2019.

Between 2009 and 2024, the share of single-adult households without children (out of all households) in the EU increased from 30.2 % to 37.1 % (Eurostat (lfst_hhnhtych)). The increase in single-person households also affects other forms of unpaid care, especially care for older people. In most cases, spouses serve as primary providers of care for each other in older age. However, as more people live alone later in life, the availability of spousal caregivers declines. The share of people aged 65 or over living in single-person households increased from 30.6 % to 32.0 % between 2009 and 2024 (Eurostat (lfst_hhindws)). In addition, as fertility declines, the number of childless people in older age increases, which further reduces the availability of adult children to be carers.

An increasing number of divorces and remarriages (‘the second-family phenomenon’) has created diverse family networks that include both biological and non-biological connections. While these arrangements theoretically expand the pool of potential caregivers, they often feature weaker interpersonal bonds that may reduce actual caregiving capacity (Hantrais, 2004; Roberto and Blieszner, 2015).

Forces such as greater labour mobility and urbanisation have led to an increase in the geographical dispersion of families, therefore contributing to concerns about a ‘care gap’ – a shortfall in the supply of unpaid care needed to meet care needs (Milligan, 2015). This trend leads to a growing need to draw upon a wider social circle for care. However, research suggests, for example, that a lack of family-provided care is only partially replaced by non-family support networks when adult children of older people with care needs live far away (Fihel et al., 2022; Gori et al., 2015; Van Houtven and Norton, 2004).

Increasing the labour market participation of women

The traditional ‘male breadwinner’ model of societies, in which women are seen as ‘homemakers’, has given rise to a family care model in which women act as primary caregivers in the home. Over time, as women have increasingly pursued careers in paid employment, dual-income households have become more common. Women’s employment rate increased from 60.6 % to 70.8 % between 2009 and 2024, narrowing the gender employment gap (with men’s employment rate increasing from 74.0 % to 80.8 % over the same period) (Eurostat (lfsi_emp_a)) (3). In nuclear families, with households consisting of parent(s) and child(ren) (as opposed to extended or multigenerational families), the difficulties in balancing paid work with caring responsibilities and other time commitments present challenges for the provision of unpaid care. The share of people providing long-term unpaid care who are also engaged in paid work increased from 48.9 % to 54.8 % between 2014 and 2024 (4). The mismatches between paid and unpaid work commitments, especially when combined with inflexible workplace practices, cause burdens for families, and for women in particular. These pressures increase the support needs of unpaid carers (Leitner, 2003). These issues are discussed in more detail in Chapter 3 of this report.

Deinstitutionalisation

Another element influencing the demand for care is the drive towards the deinstitutionalisation of care in the EU. The aim of this process is to move away from using residential institutions towards family- and community-based settings for the provision of care and services. ‘Institutions’ are defined as exhibiting institutional culture, entailing isolation, depersonalisation, lack of participation in society and rigidity of routine. This culture can exist in any setting, but is common in residential care settings, and often results in poor services, inadequate living conditions and social exclusion. The end goals of the process of deinstitutionalisation are the facilitation of independent living, the enhancement of social inclusion, and the provision of person-centred care and support that respects the wishes and preferences of the individual in question. Many older people with care or support needs, for example, prefer to remain living in their own homes for as long as possible (Rocard and Llena-Nozal, 2022). People living in family- or community-based settings are more likely to be recipients of unpaid care and support than residential care recipients, and unpaid care is often seen as a cost-effective way of enabling ‘ageing in place’ and preventing the use of institutional residential care settings (Eurofound, 2024a; European Commission, 2018). The deinstitutionalisation of formal care services therefore also increases the demand for unpaid care (Schütz, 2023).

Progress towards the deinstitutionalisation of care in the EU has been slow (Eurofound, 2024a; Šiška and Beadle-Brown, 2020). One obstacle to successful provision of care and services in family- and community-based settings is a shortage of family members, relatives, friends, neighbours and wider community members who are willing and able to support the individuals in need, as discussed above.

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(3) These data pertain to the population aged 20 to 64.

(4) These data stem from Eurofound’s analysis of data from the 7th round (collected between 2014 and 2015) and 11th round (collected between 2023 and 2024) of the European Social Survey. Data are available for 14 Member States: Austria, Belgium, Finland, France, Germany, Hungary, Ireland, Lithuania, the Netherlands, Poland, Portugal, Spain, Slovenia and Sweden.

Meeting increasing care needs

Formal care services have not expanded sufficiently to fill the gap created by the reduced supply of unpaid care for adults (Carrino et al., 2023). This is also true for childcare: the estimated childcare gap – the period when families lack access to either childcare leave or guaranteed early childhood education and care – ranges from zero years in Denmark, Estonia, Finland, Germany, Slovenia and Sweden to five years or more in Croatia, Ireland, Italy and Malta (European Commission: European Education and Culture Executive Agency, 2025).

As traditional family support systems become more stretched, as discussed above, wider networks of relatives, friends, neighbours and the community are potential sources of care and support to fill the gap. In countries with less robust public support, grandparents play a crucial role, caring for more than 25 % of young children (aged 1–2 years) for at least 10 hours weekly in some Member States (for example, Cyprus, Greece and Italy). In contrast, Nordic countries, with strong welfare systems, see under 3 % grandparental childcare participation (Pronzato, 2024). Countries with high grandparent involvement in childcare typically have lower fertility rates. Grandparental availability to provide childcare support depends on factors like the grandparent's age, health and employment status; younger grandparents may still be working, while older ones may face health limitations despite their willingness to help.

The trends of increasing proportions of the population with care or support needs are projected to continue into the future (European Commission, 2021, 2023). While this is likely to intensify the demand for unpaid care, this effect could be mitigated by improving care efficiency through improving care coordination, implementing measures to reduce care and support needs, and advancing care technologies. These actions could help meet growing demand without a proportional increase in care resources.

The twin transitions and care

The impact of the twin transitions (digital and green) is also of interest when laying out a policy agenda for unpaid care. While demographic shifts, as discussed above, are simultaneously increasing care needs and reducing the number of potential unpaid carers, digital and green transitions are transforming how care can be delivered and supported. A comprehensive understanding of these intersecting challenges enables policymakers to design resilient, forward-looking solutions (Rocard and Llena-Nozal, 2022).

Digital transition

Technology can enhance communication and social support among caregivers, potentially alleviating some burdens associated with unpaid care work. For instance, smartphone-based health technologies have been identified as tools that can improve the efficiency and quality of care for individuals with conditions like dementia, thereby supporting unpaid caregivers. Digital solutions can also help with medication adherence, appointment management, care integration and coordination, and other organisational burdens that unpaid caregivers face. Technological developments can help alleviate physical burdens, from remotely monitoring those who need care, to helping with physical activities and mitigating the physical strain of caregiving. Digital solutions can also respond to the need for targeted training activities for unpaid carers.

The effectiveness of these technologies is contingent upon their accessibility and the digital literacy of caregivers, which can vary significantly across demographic groups (Baltaxe et al., 2019; Brown et al., 2019; Espírito-Santo et al., 2024; Hassan et al., 2022; Leslie et al., 2020; Newman et al., 2019). A significant portion of people involved in unpaid care are 'offline', particularly older individuals, those with lower education levels, individuals with financial difficulties, people living in rural areas and those with cognitive or visual impairments. Therefore, digital solutions should consider the digital divide in the specific context of unpaid care (Schütz, 2023). In fact, a recent review of the literature suggests that digital solutions geared towards supporting unpaid caregivers should follow a participatory design, including older unpaid caregivers as much as possible, to optimise the use of the solutions (Hassan, 2020).

Furthermore, several key challenges around data management, quality assurance and accessibility arise. When it comes to digital solutions to support care, sensitive health data can be produced and shared, and this requires robust processing systems and security measures. These tools and devices need rigorous validation through clinical studies with diverse populations to ensure reliability and accuracy. Additionally, the costs of devices and services, along with infrastructure and training requirements, can create significant barriers to implementation, especially in resource-limited settings, as can be often encountered in unpaid care settings (Chen et al., 2023).

Green transition

Unpaid carers are affected by climate change and the green transition in similar but potentially more intense ways than those without caring responsibilities. As climate impacts worsen, unpaid carers face increased burdens. For example, they take on greater responsibilities during extreme weather events, including heatwaves. Climate change can also have significant effects on the availability of essential resources, with water restrictions, power outages and food insecurity complicating caregiving. In some instances, albeit for a limited time, extreme weather events can also induce isolation, especially in rural and remote areas, leaving unpaid carers without access to respite services, medical supplies or emergency support. Energy poverty may also intensify challenges for unpaid carers, due to financial constraints as well as greater energy needs associated with medical equipment, heating or cooling requirements, and more time spent at home in general. This is often linked to poor conditions in buildings where care takes place.

For unpaid carers, who often face reduced financial capacity, investing in green solutions for care and energy efficiency improvements, even if desirable, can be prohibitive. Reducing single-use items is another complex balancing act for unpaid carers, who may rely heavily on disposable medical supplies and hygiene productsl to deliver safe and dignified care. Sustainable alternatives may be non-viable for medical reasons (for example, sterile gloves and dressings for wound care), or, if available, may increase the already substantial time burden on carers (for example, washable nappies for children) or be too costly (for example, reusable medical-grade bed protectors). Time pressures also influence dietary choices, with implications for nutritional outcomes for both the carer and the care recipient, as well as implications for food sustainability. Carers may find themselves relying on convenience foods or prioritising the dietary needs of care recipients over their own (Özdemir et al., 2023). When carers receive proper support and training in nutrition, they are better equipped to make informed dietary choices that balance the nutritional needs of all involved while favouring less processed, more resource-efficient food options, contributing to improved well-being and more responsible food choices.

Recent evidence from the Survey of Gender Gaps in Unpaid Care, Individual and Social Activities (CARE) indicates that unpaid carers generally demonstrate more environmentally conscious behaviours than non-carers in everyday activities such as consumption choices, use of transport and household practices (Tur-Sinai et al., 2024). Unpaid carers also find ways to tap into the principles of the circular economy, by, for example, reusing medical equipment such as wheelchairs, beds or mobility aids. Home- and community-based models of care and support align with green transition principles by reducing dependence on resource-heavy residential care (CARE, 2022; ILO and European Commission, 2023; Lake and Quaid, 2023).

While unpaid carers often strive to provide environmentally conscious care through practices like minimising food waste and household energy use, the geographically dispersed nature of unpaid care – with many unpaid caregivers travelling between households, or to and from formal care services – may result in higher overall environmental impacts than more centralised care solutions such as assisted living facilities. These facilities can offer both environmental and social benefits by reducing transport needs and fostering community networks.

This picture presents policymakers with a complex bundle to untangle: understanding how unpaid carers are affected by the green transition, finding ways to promote sustainability without compromising safety and quality of care, and avoiding additional burdens – financial, time-related or otherwise – on carers who are already facing significant challenges.

Key insights

- The EU is facing increasing care demands due to population ageing, longer life expectancy and the expansion of chronic illness and disability in older age.
- Declining fertility, delayed childbearing and changing household structures reduce the availability of unpaid caregivers.
- Lack of formal care services places burdens on unpaid carers and limits their choices.
- Despite greater labour force participation among women, they remain the primary caregivers.
- Digital technologies can potentially support unpaid caregivers but their effectiveness is limited by digital literacy, accessibility and affordability.
- While unpaid carers often adopt environmentally conscious practices, the green transition may increase the challenges they face.

2 Quantifying and characterising unpaid care work

This chapter focuses on unpaid carers and the work that they do. The analysis includes the latest available data from the EU on the prevalence and volume of unpaid care work, and how these have evolved over time. The evidence sheds light on the profiles of unpaid caregivers, the nature of unpaid caregiving and the tasks involved, the length of caregiving 'careers' and the factors that motivate unpaid carers to provide the work that they do in caring for, helping and supporting those in need. A special focus in the reporting is given to young carers and people who provide multiple types of unpaid care.

The broad definition of unpaid care adopted in this report allows the adoption of a life-course approach accounting for caregiving roles at different life stages, ranging from caring for one's child to grandparenting, helping friends or relatives with care or support needs and assisting older parents or spouses (5). Many carers combine these roles, either simultaneously or sequentially over their lifetimes. Caring roles also vary considerably from one carer to another when it comes to the intensity of the caregiving, and the tasks involved. The period over which care is provided also differs, ranging from days to decades. For these reasons, while it is of value to adopt a holistic view when analysing unpaid care work – taking into account all types of care and the fact that a carer may be involved in many types of unpaid care at the same time – it is also important to recognise the different circumstances and challenges faced by different carer groups. Therefore, the analysis that follows differentiates between individuals caring for children, for adults with disabilities and for frail older people, while also providing a holistic view of unpaid care in its totality.

Barriers to measuring and recognising unpaid care

Unpaid care is problematic to measure precisely, with data collection often relying on retrospective self-reporting. The reporting is also hampered by a lack of uniform definitions across surveys, for example in relation to which tasks and what kinds of carer–care recipient relationships are captured. Estimation is further hindered by age cut-offs in surveys (for example, the exclusion of people under the age of 18, which prevents the estimation of the number of young carers in a population) and the exclusion of people in residential care or people without access to the internet.

'Hidden caring' means that many unpaid carers do not identify as such, leading to underestimations. While such underestimation is less likely in the case of childcare, there are many reasons why people providing unpaid care to adults may not report it: some caregivers may worry that labelling someone as a 'care recipient' may make them feel dependent on others, diminishing their sense of independence, while others may avoid such labelling in order to avoid feelings of guilt (Knowles et al., 2016). Some carers prefer not to be classified as a 'carer' and prefer to maintain a 'closer' relationship classification (for example, a 'daughter' or a 'spouse').

Others – especially young carers – fear stigma and negative stereotypes. Types of stigma – a set of misguided opinions – that affect unpaid carers have been grouped into five categories: condition stigma (related to mental health, or infectious or 'self-inflicted' conditions); age stigma (young carers facing fear or parental pressure, older carers dismissed by policies that focus on working-age carers); gender stigma (lower status of 'feminised' care); institution stigma ('abandonment' of care recipient in a care facility); and welfare stigma (negative attitudes towards recipients of income support) (Care Alliance Ireland, 2016).

Some young carers and their families may be reluctant to self-identify as carers to authorities for fear of negative repercussions, such as a break-up of the family, or consequences of unveiling care needs that stem from illegal substance use (James, 2017). Furthermore, some caregivers do not classify activities such as emotional support, gardening or help with paperwork as unpaid care, while others may be unaware of their carer status if the intensity of care or support provision has increased gradually over time (Knowles et al., 2016), or in instances where caring activities overlap with other tasks, for example when a parent is carrying out housework while looking after their children. Under-reporting of care may also be more commonplace in countries where

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(5) While people can also act as unpaid carers for themselves, for example in cases of self-management of long-term health conditions, this aspect of unpaid care is beyond the scope of this report (Knowles et al., 2016).

multigenerational households are relatively common. In addition, gendered care stereotypes may lead to men not identifying as carers.

As shown by Urwin et al. (2021), when examining answers given by caregivers and care recipients, the former report a lower prevalence of care than the recipients of their care do, with the discrepancy occurring especially in cases where carers experience a low level of restriction in their activities. This finding supports the hidden caring hypothesis, especially in cases unrelated to personal care. In contrast, caregivers report longer hours of care than care recipients do, suggesting that care recipients may underestimate the time taken to complete tasks such as arranging appointments or dealing with financial matters. For these reasons, it is important to consider whether unpaid care data are gathered from the caregiver or the care recipient.

Prevalence of unpaid caregiving in the EU

The European Commission and Ecorys (2021) compiled estimates from various EU-level survey datasets, presenting a broad range of prevalence estimates – between 8 % and 40 % – derived from data collected between 2010 and 2018. The resulting estimates differ widely, depending on factors such as the age groups surveyed, the types of care recipients included and the period covered.

The most recent survey data suggest that just over a third of the EU population provides unpaid childcare, while between 16 % and 21 % of the population provide unpaid long-term care, depending on how the particular survey defines a care recipient and the necessary level of care intensity – as seen in Table 1.

The relative magnitudes of unpaid care provision and formal care provision have been compared in existing literature. For example, it has been found that the unpaid long-term care work carried out in the EU as a whole exceeds the value of formal long-term care expenditure (European Commission and Ecorys, 2021).

Data from SHARE (6) suggest that in 2022, 20.0 % of the population aged 50 or over cared for children, while 17.7 % provided spousal care, 7.6 % provided care for a parent or parent-in-law, and 8.7 % provided care for others (family members or people known to the respondent). Overall, 42.6 % of the older population reported engaging in caring activities of some kind.

Table 1: Prevalence of unpaid caregiving, EU-27

	Prevalence (%)	Source	Year
Childcare	34.4	CARE	2022
	29.7	ESS	2024
Long-term care	21.3	CARE	2022
	15.7	EHIS	2019

Notes: *CARE covers the population aged 16–74 years. Data collection took place during 2022, covering all Member States. Childcare includes care for one's own children (including step-children and adopted children) and for other children (including grandchildren, children-in-law, siblings, cousins, other relatives, friends and neighbours) aged under 25 years. It is possible that survey respondents 'double counted' childcare hours, for example in cases where a person simultaneously cares for their own child and a relative's child. Childcare tasks include personal care, assistance with school tasks, managing children's activities, leisure, supervision and emotional support. Childcare excludes long-term care provided to children due to long-standing health problems and/or disabilities. Long-term care includes care for people (family members, relatives, neighbours or friends of any age) who, as a result of mental or physical ill health or frailty, disability or old age, need help (for at least three months). Care tasks include activities of daily living (e.g. dressing, showering, eating, moving around and using the toilet) and instrumental activities of daily living (e.g. grocery shopping, preparing meals, managing money and managing housework).*
The ESS covers the population aged 15 and over, living in private dwellings. Data collection took place during 2023 and 2024. Nineteen Member States were covered, excluding Bulgaria, Czechia, Denmark, Estonia, Latvia, Luxembourg, Malta and Romania. Long-term care includes looking after / giving help to family members, friends, neighbours or others for reasons of long-term mental/physical ill health or disability, or problems related to old age.
The European Health Interview Survey (EHIS) covers the population aged 15 and over. Data collection took place during 2019. The survey covered 26 Member States, excluding France. Long-term care includes providing regular care or assistance to one or more people living with problems related to old age, chronic health conditions or infirmities, at least once a week. Care includes helping other people with personal care or household activities.
Source: *Eurofound analysis of CARE, ESS and EHIS microdata*

The ESS provides recent data, collected during 2023 and 2024, about one component of unpaid care, namely the proportion of the EU population (aged 16 and over) who provide unpaid care to people with long-term care needs stemming from health issues or from old age. Although the definition of unpaid care adopted in the ESS is somewhat narrow, its advantage is that the latest round of the survey was carried out recently and the same question was included in an earlier round of the survey, carried out in 2014. Overall, the share of unpaid caregivers (in the 14 Member States for which data are available in both survey rounds) in the population was 32.1 % in 2024 – up from 30.9 % a decade earlier. As shown in Figure 3, this increase was observed in 10 of the Member States, while 4 saw decreases.

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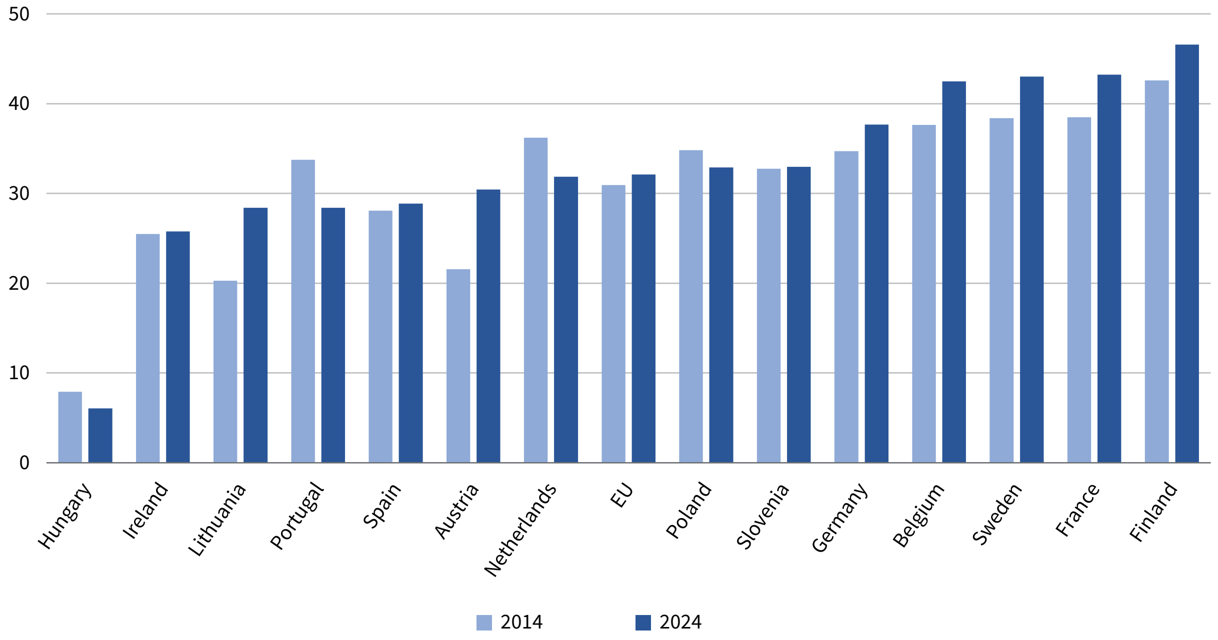
(6) SHARE covers the population aged 50 and over. The latest round of data collection took place during 2021 and 2022. Twenty-six Member States were covered, excluding Ireland. Childcare includes care for one's own children or grandchildren, children the respondent babysits and any other children that they look after. Childcare tasks include washing, dressing, playing, taking children to school/other activities and helping with homework. Long-term care includes help provided to parents, parents-in-law, partners and other family members and people known to the respondent. Care tasks include assistance with administrative chores, washing, dressing and taking care recipients to see a doctor.

Figure 3: Share of population providing unpaid care to people with long-term care needs stemming from health issues or from old age, 2014 and 2024 (%)



Notes: *See Table 1 notes. Data were available for 14 Member States (shown).*
Source: *Eurofound analysis of microdata from the 7th round (collected during 2014 and 2015) and 11th round of the ESS (collected during 2023 and 2024)*

The monetary value of unpaid care

It is important to evaluate the magnitude of unpaid care that is provided in societies in relation to other (market-traded) activities that are performed. This is also of value when considering the costs and benefits associated with the provision of care through one of the three sectors: the state, the market and families. One approach to such evaluation is to estimate the monetary value of unpaid caregiving as a proportion of a country's gross domestic product (GDP). The value to society of unpaid care is challenging to estimate because of the absence of direct monetary compensation of unpaid caregivers. In addition, placing a value on caregivers' time commitment is not straightforward. One method of estimating this value is to calculate the cost of employing a formal care worker to take the place of the unpaid caregiver. Another option is to consider the value of the best alternative use of time that could be chosen by the caregiver, such as paid work, other forms of unpaid work or leisure. All these methods have their difficulties because they require assumptions to be made and they contain a great deal of uncertainty, because they involve assigning value to hypothetical alternative scenarios, and because unpaid caregiving has both positive and negative effects on the caregiver (Costa-Font and Vilaplana-Prieto, 2025).

In research examining unpaid family childcare in the EU (using data collected between 1998 and 2006), it was estimated that the opportunity cost (forgone wages) was EUR 470 billion (or 4.1 % of GDP), and the market replacement cost (the value of purchasing similar services on the market) was between EUR 335 billion and EUR 689 billion (between 2.9 % and 5.9 % of GDP), depending on assumptions made (Giannelli et al., 2012).

An estimate of the costs of unpaid long-term care in the EU suggests an opportunity cost of 2.4 % of GDP, and a market replacement cost of 2.7 % of GDP (European Commission and Ecorys, 2021). A recent estimation of the hidden monetary value of adult unpaid informal care suggests that its cost compared with GDP ranges from 0.9 % in Germany and 1.3 % in Sweden to 3.3 % in Spain and 4.2 % in France (among the 10 EU Member States for which the necessary data were available), and that the total value of unpaid adult care is higher in countries with lower spending on formal long-term care services (Costa-Font and Vilaplana-Prieto, 2025).

Public expenditure on care can have several impacts, on both unpaid care and other economic dimensions, especially employment: a EUR 1 000 increase in government expenditure on formal care decreases the probability of partaking in unpaid caregiving by 6 percentage points for 45- to 59-year-old women in Europe (Viitanen, 2007), while research from Austria shows that each euro spent on long-term care services generates EUR 1.70 in domestic value added, with EUR 0.70 returning to public budgets through taxes and social protection contributions (Streicher et al., 2022). However, the care sector struggles to attract and retain workers due to poor working conditions, and addressing these is paramount to ensuring an effective care ecosystem (European Commission, 2012).

Prevalence of young carers

Young carers are people under the age of 18 who provide care or support. They carry out, often regularly, significant amounts of care, taking on roles and responsibilities that are usually assumed to be taken on by adults.

Data on young carers are scarce, but the evidence base is growing. Research on this carer group is relatively new, with all studies identified in a relatively recent systematic review of the literature published since 2005, with significant knowledge gaps remaining (Lacey et al., 2022). Estimates of the prevalence of young carers across Member States vary widely, depending on the methodology used to collect the data. Summaries of existing estimates are found, for example, in Goodger and Kennedy (2024), and in Lam and Lam (2024). Some national estimates from Member States suggest that 7–8 % of all children (aged under 18) carry out significant amounts of caregiving (Hanson et al., 2022).

Estimates from most recent EU data on the prevalence of unpaid caregiving among adolescent young carers (aged between 15 and 17 years) and young adult carers (aged 18 to 24 years) are presented in Table 2. Generally, the likelihood of being an unpaid carer is estimated as being lower among young adolescent carers and young adult carers than older cohorts overall. Nevertheless, considerable shares of younger cohorts provide unpaid care: nearly a quarter of 15- to 17-year-olds engage in unpaid childcare, while between 8 % and 24 % provide long-term care, depending on the measurement used.

Profiles of unpaid carers

Prevalence rates of unpaid care provision across the EU show patterns of distribution across different sociodemographic groups (Table 3). The prevalence rates are shown separately for caring for one's own children, caring for other children, long-term care and any care (a person providing any one type, or multiple types, of care in the subcategories). The key patterns emerging from the data include:

- **Persistent gender disparities:** Women provide more care than men across all categories, especially childcare. Gender gaps are less pronounced in long-term care, likely due to employment status (with more retirees providing long-term care), weaker perception of long-term care being a woman's 'natural' role than childcare, and cultural expectations, such as men caring for spouses or relatives in the absence of female relatives. Therefore, long-term care may be a more natural entry point for men into caregiving (European Commission, 2012).
- **Age matters:** Overall care provision follows life-cycle variations, peaking among adults aged 35–44 who primarily care for their own children but declining substantially among older cohorts, although care for other children increases among retirement-age people, indicating increasing grandparenting activities. The youngest age groups report relatively high rates of care for others' children and substantial involvement in long-term care.

Table 2: Prevalence of unpaid caregiving, by age group

	Prevalence (%)			Source	Year
	Young adolescents (15–17 years)	Young adults (18–24 years)	Adults (25+ years)		
Childcare	23.2 (*)	33.7	34.7	CARE	2022
	24.4	26.1	30.3	ESS	2024
Long-term care	19.1 (*)	26.5	20.6	CARE	2022
	8.1	9.1	16.6	EHIS	2019

Notes: *See Table 1 notes. The cells marked with (*) pertain to 16- to 17-year-olds.*
Source: *See Table 1 source*

Table 3: Prevalence of unpaid caregiving types, by population group, EU-27 (%)

Action	Childcare (own children)	Childcare (other children)	Long-term care	Any care
Gender				
Women	28.3	13.2	21.6	48.1
Men	24.8	11.2	20.9	42.3
Age (years)				
16–17	6.3	19.2	19.1	34.6
18–24	18.2	20.8	26.5	45.2
25–34	37.6	14.6	26.0	53.8
35–44	43.7	10.2	22.1	56.5
45–54	33.9	7.4	20.9	48.9
55–64	13.2	10.4	19.3	35.6
65+	4.3	14.5	12.7	26.8
Labour market status				
Paid work	34.7	11.0	22.8	50.8
Unemployed	21.2	11.3	21.5	41.7
Retired	6.2	13.6	13.9	28.4
Permanent sick/disabled	18.2	13.4	21.4	39.6
Student/pupil	9.3	19.0	21.3	36.1
Domestic tasks	37.6	12.6	24.8	58.0
Other	31.7	11.1	25.8	51.9
Subjective general health				
(Very) good	29.6	12.6	20.7	46.9
Fair	23.1	12.0	22.1	44.1
(Very) bad	17.8	10.8	21.8	38.7
Migration status				
Native born	26.1	11.9	20.6	44.5
Foreign born	32.5	16.5	30.0	55.0
Making ends meet				
(Very) easily	30.2	12.1	19.9	46.7
Fairly easily / some difficulty	30.9	12.5	21.6	49.7
(Great) difficulty	34.9	15.1	30.1	56.0
All	26.5	12.2	21.3	45.2

Note: *See Table 1. Darker shading represents higher prevalence rates of specific unpaid caregiving types across population groups.*
Source: *Eurofound analysis of CARE microdata*

- **Work and care intersect:** Labour market participation intersects significantly with caregiving responsibilities: individuals engaged in domestic tasks demonstrate the highest prevalence of care provision, followed by those in paid employment. Considered from another perspective, 61 % of people who provide unpaid long-term care, and 67 % of people who provide unpaid childcare, are also engaged in paid work (not shown).
- **Student and retirees provide care:** Students show relatively high rates of involvement in care for others' children, while the retired population maintains meaningful engagement in care provision.
- **Carers in poor health carry additional burdens:** Individuals in bad or very bad health are almost as likely as those in better health to provide long-term care and childcare (to children other than their

own). This highlights the potential for compounded vulnerability among unpaid carers.

- **Migrants are overrepresented among carers:** People born in another country are more likely than native-born individuals to provide all types of unpaid care.
- **Caregiving can deepen socioeconomic inequalities:** All types of unpaid caregiving are more common among those who report difficulties in making ends meet.

The subsequent analyses extend beyond care prevalence data to examine hours of care provision, offering a more nuanced understanding of which population groups shoulder the bulk of unpaid caring responsibilities. This approach identifies groups for whom care intensity constitutes a particularly heavy burden, beyond prevalence rates alone.

Profiles of care recipients

In the case of unpaid childcare, surveys often do not specify the exact relationship between the child and the caregiver, nor do they always indicate where the caregiving takes place. For example, it may be unclear whether grandparental care occurs within the child's household or at the grandparent's residence. This lack of detail can make it challenging to fully understand caregiving patterns and responsibilities. In contrast, surveys collecting data on care for adults tend to provide more detailed information.

Data from CARE show that for individuals providing unpaid long-term care, the primary care recipient is most often a parent, parent-in-law, step-parent or grandparent, accounting for 45.8 % of cases. In 15.1 % of cases, the caregiver's own child is the recipient, while 15.0 % provide care for a spouse or a partner. As women's life expectancy is longer than that of men, and because in heterosexual couples women are on average younger than their partners, women are more likely than men to become spousal carers (Nivakoski and Nolan, 2018). Caring for other relatives, such as grandchildren or cousins, is less common, representing 12.6 % of cases. The least frequent caregiving relationships involve non-relatives, such as friends or neighbours, who make up 11.4 % of cases. These figures highlight the prevalence of intergenerational caregiving.

The majority (62.9 %) of unpaid long-term care providers support a single care recipient, while 16.5 % care for two individuals and 8.9 % care for three. Smaller proportions provide care for even more people. The most common living arrangement for care recipients is within the caregiver's own household – 52.3 % of caregivers co-reside with at least one care recipient. Additionally, 51.7 % of carers provide care to someone in a separate household, and 20.5 % visit residential care facilities. As many carers have overlapping care responsibilities, the shares add up to more than 100 %.

What do unpaid caregivers do?

Care can be conceptualised as a continuum of activities, ranging from 'caring about' a person to 'caring for' them. 'Caring about' someone involves carrying out everyday activities to support them, such as helping with cleaning, tidying and basic household chores. However, when a family member experiences difficulties, disability or illness, the carer's role may intensify, involving 'caring for' someone. Caring for someone consists of more extensive domestic duties and intimate, specialised and medical responsibilities (7). For people providing unpaid childcare, the work includes tasks such as personal and physical care; assistance with education-related tasks; tasks related to planning, organising and managing the child's activities and schedules; leisure-related and physical activity-related tasks; and supervision and emotional support.

Tasks in childcare

CARE data allow the examination of the frequency of different unpaid care tasks carried out by caregivers. Table 4 presents corresponding data on the frequency of performing specific unpaid childcare-related tasks. Across all caregiver groups, emotional support emerges as the most frequent task, with a majority of caregivers providing it every day, especially for childcare involving the carer's own children. Daily provision of personal or physical care, leisure-related activities, and tasks related to planning, organising or managing activities and schedules are also prominent.

Table 4 reveals distinct patterns in the types of tasks, with clear differences based on the carer's relationship with the child (whether it is their own child or another child, such as a grandchild or sibling) and the age of the child being cared for. For unpaid carers for their own children, tasks are heavily concentrated on physical caregiving activities, such as feeding, bathing and dressing, particularly for younger children. As the child grows older, the focus of caregiving shifts: for school-aged children, the emphasis moves towards helping with homework, supervising activities and providing emotional support. In contrast, unpaid carers who

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(7) In a more precise classification, care tasks can be defined as assistance with activities of daily living and instrumental activities of daily living. Activities of daily living are basic, essential self-care tasks that individuals need to perform to maintain independence in daily life: dressing, showering, eating, moving around, and using the toilet. Instrumental activities of daily living are more complex tasks, required for independent living in a community; they include managing finances, medication management, housekeeping, meal preparation, transport, shopping and communication.

Table 4: Share of unpaid carers who carry out various childcare tasks, by age of the child and relationship type, 2022, EU-27 (%)

	Childcare (own, aged 0–5)	Childcare (own, aged 6–11)	Childcare (own, aged 12–17)	Childcare (own, aged 18–24)	Childcare (other, aged 0–5)	Childcare (other, aged 6–11)	Childcare (other, aged 12–17)	Childcare (other, aged 18–24)	Total
Personal/physical care									
Every day	77.7	60.5	35.9	21.0	49.7	41.0	36.1	30.5	45.9
4 to 6 days a week	12.2	13.6	9.5	7.6	19.0	14.0	12.2	15.2	12.0
1 to 3 days a week	6.3	11.6	11.2	5.5	12.9	15.9	14.7	15.7	10.8
Less often	2.0	9.0	18.4	15.5	13.6	17.2	18.2	15.8	13.0
Never	1.7	5.3	25.1	50.4	4.8	11.9	18.9	22.8	18.3
Homework help									
Every day	40.3	55.0	38.1	21.6	36.4	38.1	32.1	27.4	37.9
4 to 6 days a week	12.4	23.0	20.1	13.2	19.4	18.0	23.1	21.4	18.6
1 to 3 days a week	8.9	15.0	23.4	13.6	16.3	19.9	21.9	16.2	16.9
Less often	8.6	5.5	15.1	24.3	13.3	16.4	15.6	21.5	14.2
Never	29.9	1.4	3.3	27.4	14.6	7.6	9.1	13.6	12.4
Planning/organising/managing									
Every day	57.4	54.9	42.5	29.2	41.7	38.9	35.3	28.3	43.3
4 to 6 days a week	16.9	20.5	19.6	13.4	18.5	18.7	20.1	17.7	18.3
1 to 3 days a week	14.5	16.7	23.2	16.9	16.3	18.6	20.4	20.8	18.7
Less often	6.3	6.9	12.5	23.9	15.0	17.6	16.8	20.1	13.5
Never	4.9	1.0	2.3	16.6	8.5	6.2	7.4	13.1	6.3
Leisure related									
Every day	71.1	56.8	35.9	22.6	42.9	37.9	32.0	27.8	43.2
4 to 6 days a week	15.8	18.6	18.2	13.1	20.1	20.7	18.9	19.6	17.6
1 to 3 days a week	9.3	20.4	29.0	22.5	22.4	24.4	27.2	21.8	21.9
Less often	1.9	3.8	14.1	22.1	10.5	11.2	16.6	20.5	11.7
Never	2.0	0.4	2.7	19.8	4.2	5.8	5.4	10.4	5.6
Emotional support									
Every day	78.8	74.5	66.1	54.9	47.4	48.2	43.5	39.2	61.9
4 to 6 days a week	11.5	14.2	14.4	15.0	18.3	17.4	15.7	17.7	14.8
1 to 3 days a week	6.0	7.9	13.4	15.2	17.1	16.7	20.4	22.5	13.2
Less often	1.9	2.9	4.7	8.9	12.1	11.6	13.1	14.7	6.9
Never	1.8	0.5	1.5	6.0	5.1	6.1	7.2	5.9	3.3

Notes: *Darker shading represents higher shares of unpaid carers providing specific childcare tasks. Data are based on the survey questions, 'On average, how often in a typical week do you provide the following types of unpaid childcare for your children / children other than your own children? Personal and physical care (e.g. bathing, feeding, changing diapers, help with taking medicines); Assistance with homework and school tasks; Planning, organising and managing children's activities and transportation (e.g. getting to appointments, sport, school and healthcare, talking to teachers, organising parties); Leisure-type activities (e.g. playing, reading, doing sports); Supervising and emotional support (e.g. listening to, talking to and advising the child, if she or he has problems).'*
Source: *Eurofound analysis of CARE microdata*

provide care for other children, such as grandchildren or siblings, tend to engage in fewer physically intensive tasks, even for younger children. Their involvement is often more supplemental, focusing on tasks like supervision, transport, or occasional feeding and bathing, and reflects shared caregiving responsibilities with the child's parents. For older children in this group, the focus shifts to educational support, supervision and emotional guidance, but at a lower intensity than those caring for their own children.

The caring responsibilities of young adolescent carers (aged 16–17) differ significantly from those of adult caregivers. When providing childcare, this group is more likely to care for children who are not their own, such as younger siblings or cousins. This influences both the type and intensity of their caregiving: young adolescent carers perform fewer tasks on a daily basis than adult carers. However, 11 % of young adolescent carers involved in childcare provide personal or physical care daily and are highly engaged in leisure activities with the children, and 16 % offer daily emotional support.

Tasks in long-term care

Table 5 presents the frequency of engagement with different care tasks for providers of unpaid long-term care, differentiated by the age of the care recipient. Personal and emotional tasks are most frequently carried out daily by individuals providing long-term care. The data show that for younger care recipients, particularly children or younger adults, carers are more likely to engage in physically intensive caregiving tasks such as bathing, dressing and providing mobility assistance. These tasks are essential for individuals who have developmental disabilities, chronic illnesses or other conditions that impair their independence.

As the care recipients age, however, the nature of caregiving tasks shifts. For middle-aged and older adults, there is an increasing focus on tasks such as assistance with managing medication and helping with household chores. A lower intensity of caregiving is reflected in the pattern that much of care is provided on a less regular basis to older care recipients. Existing literature highlights gender differences in caregiving tasks: men are commonly more likely to perform instrumental care tasks, while women provide more personal care and tasks that exhibit emotional involvement.

Young adolescents who provide long-term care engage in similar types of household assistance to older caregivers, but at a lower intensity, and they are much less likely to handle administrative tasks. A quarter of young adolescent carers provide daily personal or emotional care, highlighting their deep emotional investment. The fact that emotional support is also the most common form of care among older caregivers highlights the need to support unpaid carers of all ages, particularly when it comes to the emotional burden that many of them face.

Table 5: Share of unpaid carers who carry out various long-term care tasks, by age of the care recipient, 2022, EU-27 (%)

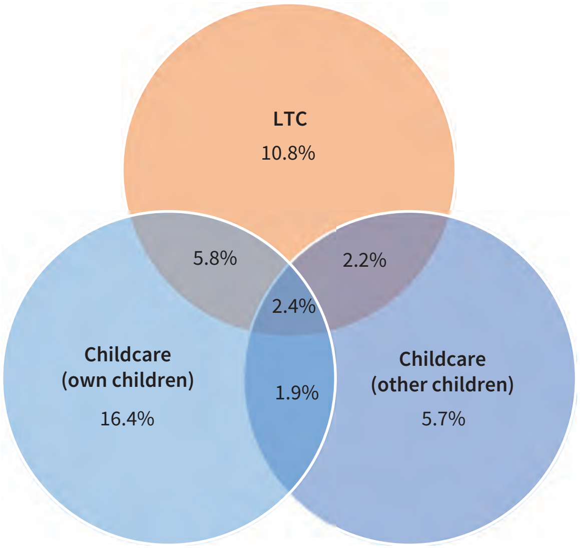
	0–5 years	6–11 years	12–17 years	18–24 years	25–49 years	50–64 years	65–74 years	75+ years	Total
Personal/physical care									
Every day	77.4	63.0	49.4	45.1	43.6	34.3	27.5	24.3	35.2
4 to 6 days a week	8.8	16.3	18.1	18.1	22.4	17.7	16.3	11.1	15.4
1 to 3 days a week	7.6	12.5	13.9	17.8	13.5	17.9	22.8	25.6	20.1
Less often	4.2	3.9	8.1	9.4	11.3	12.0	19.1	18.8	14.6
Never	1.9	4.4	10.5	9.6	9.1	18.1	14.3	20.2	14.9
Homework help									
Every day	57.3	50.4	37.1	30.7	35.0	36.3	30.7	28.2	33.3
4 to 6 days a week	22.4	16.5	26.6	29.2	27.4	22.2	23.0	16.1	21.2
1 to 3 days a week	10.9	14.9	19.7	24.3	23.0	25.9	31.3	35.1	28.3
Less often	5.3	7.4	9.2	10.1	10.4	10.8	11.1	15.4	12.0
Never	4.1	10.9	7.3	5.6	4.1	4.9	3.8	5.2	5.1
Administrative/other help									
Every day	52.8	48.2	38.6	31.8	30.2	28.9	24.6	22.7	28.4
4 to 6 days a week	13.2	15.8	21.6	20.4	19.6	16.9	15.5	11.1	15.2
1 to 3 days a week	12.0	14.4	19.3	23.7	26.5	29.1	32.7	32.6	28.5
Less often	12.8	9.9	14.1	18.0	16.1	18.2	21.5	26.6	20.8
Never	9.2	11.8	6.3	6.1	7.6	6.9	5.8	7.0	7.1

Notes: *Darker shading represents higher shares of unpaid carers providing specific long-term care tasks. Data are based on the survey question, 'How often in a typical week do you provide the following types of help to your main care recipient? Personal and emotional care (e.g. bathing, dressing, getting out of bed, comforting a person); Household help (e.g. shopping, cooking, cleaning); Administrative/other help (e.g. helping with paperwork, managing finances, transportation).'*
Source: *Eurofound analysis of CARE microdata*

Combining types of unpaid caregiving

The prevalence of and overlaps between unpaid care duties among the EU population aged 16–74 in 2022 are shown in Figure 4. The majority (54.7 %) report no caring responsibilities, while the remaining 45.3 % engage in caregiving, with childcare-related duties dominating. Individuals only providing care for their own children make up 16.4 %, while those combining care for their own and others' children account for 1.9 %. Long-term care responsibilities only are reported by 10.8 % of the population, with smaller proportions balancing long-term care with childcare, including 5.8 % managing their own childcare and long-term care, and 2.2 % handling long-term care alongside care for others' children. This indicates that dual-role caregivers, while a minority, face significant responsibilities. A further 2.4 % of the EU population provide all three types of unpaid care.

Figure 4: Share of population engaged in different types of unpaid care, 2022, EU-27 (%)



Notes: *See Table 1 notes. LTC = long-term care.*
Source: *Eurofound analysis of CARE microdata*

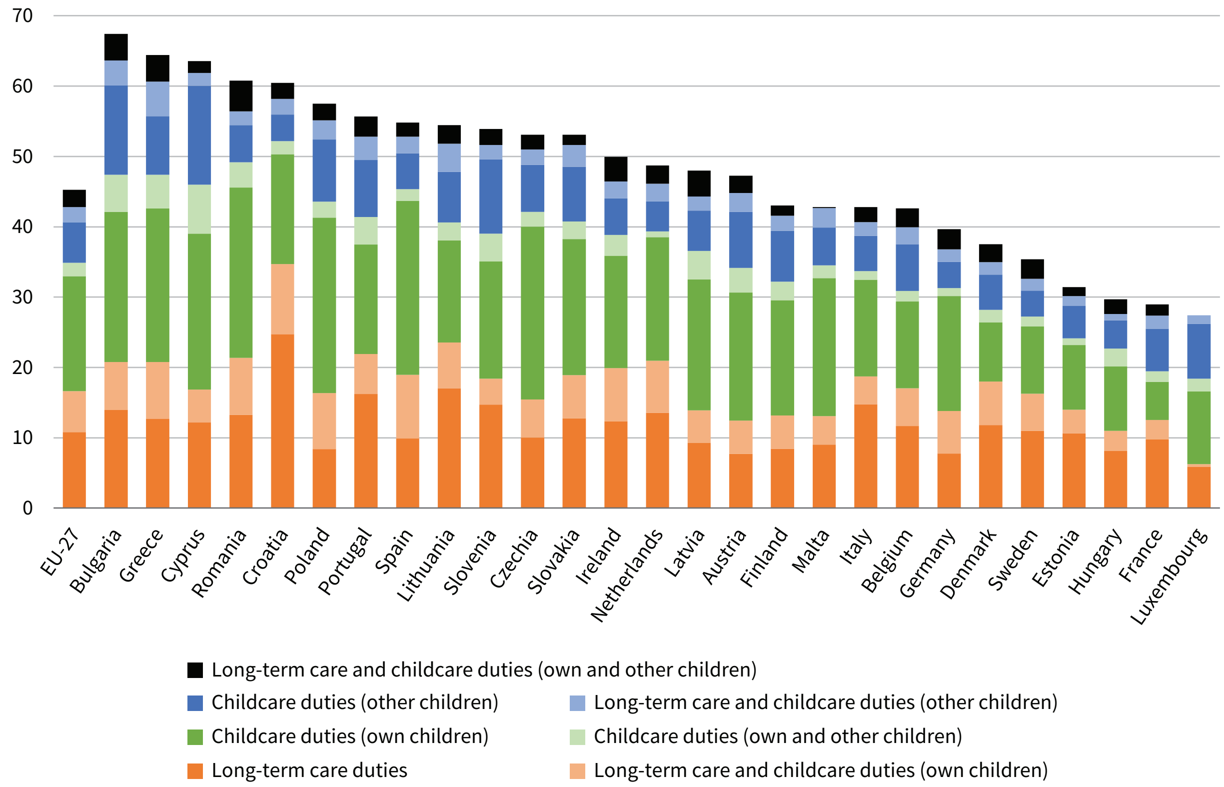
Country-level variation in unpaid caregiving

Figure 5 presents the data by Member State. The heights of the bars show, separately, the percentages of the population who provide childcare (to their own or other children) or long-term care, or a combination of these. The first bar (the EU-27 average) replicates the data shown in Figure 4. The distribution of unpaid care duties varies significantly across countries, reflecting differences in social policies, cultural norms and demographics. Southern and eastern European countries, including Bulgaria, Greece, Cyprus and Romania, have the highest levels of unpaid caregiving, with a strong focus on both long-term care and childcare responsibilities. In contrast, northern and western Member States, including Sweden, France and Luxembourg, report some of the lowest levels of unpaid care provision overall.

When unpaid long-term care provision is examined in isolation (the sections of the bars in Figure 5 that include long-term care elements), it is clear that the country ranking changes, with Croatia, Lithuania, Greece, Bulgaria, Portugal and Romania exceeding prevalence rates of 27 %. Conversely, the prevalence of childcare is the highest (exceeding 46 %) in Bulgaria, Greece, Cyprus, Poland and Romania. Previous research has shown that countries with a high prevalence of unpaid caregiving do not necessarily have a high average intensity of unpaid caregiving, meaning that in many countries it may be very common for people to provide occasional or low-intensity unpaid care, with intense caregiving being less common. A joint examination of unpaid long-term care prevalence rates from the European Quality of Life Survey data from 2016 and the European Health Interview Survey data from 2013–2015 suggests that many northern and western Member States (for example, Belgium, Denmark, Finland, France, Latvia and the Netherlands) often display high rates of care prevalence, but that the vast majority of this care is of low intensity (European Commission and Ecorys, 2021).

The data limitations discussed above need to be borne in mind: the issue of hidden caring in survey data may lead to under-reporting of unpaid care, for example in countries where multigenerational households and unpaid caregiving have strong cultural roots. Tur-Sinai et al. (2020) compare SHARE, the European Quality of Life Survey and European Health Interview Survey data on unpaid caregiving (excluding childcare) in Europe. Comparing the most matchable datasets – for example by only including carers aged 50 or over, or investigating similar years of reference or similar frequencies of care provision – they find estimates of unpaid care prevalence to be analogous, and low, across the surveys only for some countries (mainly in eastern and southern Europe). In some cases, for example in some southern and eastern European countries, caregiving rates may appear relatively low despite strong family care traditions. This is probably because caregiving is deeply ingrained in cultural norms, leading to individuals not recognising themselves as carers. Also for these reasons, the cross-survey and cross-country comparability of unpaid care data has limitations.

Figure 5: Prevalence of, and overlaps between, unpaid care types, by country, 2022, EU-27 (%)



Notes: *See Table 1 notes. Countries ordered according to total height of bars.*
Source: *Eurofound analysis of CARE microdata*

Profile of those providing multiple types of unpaid care

Table 6 presents characteristics of the EU population aged 16 or over who report not being engaged in any unpaid caring activities, and those engaged in different combinations of childcare (of one's own children or others' children) or long-term care, or a combination of multiple care types. The data show that:

- **Women are more likely than men to have multiple caregiving responsibilities, carrying out both childcare and long-term care tasks.** In contrast, younger individuals (aged under 25) and older individuals (aged 65 or over) are more likely to care for children other than their own, or to combine this with long-term care.
- **Providing multiple types of unpaid care is most prominent among people who do not engage in paid work.** Notably, young carers under the age of 18, though less involved in childcare for their own children, show relatively high engagement in caregiving roles for other children and long-term care. They are also more likely than older individuals to combine caregiving tasks.
- **Adolescent long-term carers most often care for a parent.** In these cases, when the parent is likely to have limited capabilities to provide care, the young carer is likely to also provide care for their younger siblings.
- **Provision of multiple types of unpaid care is common among migrants and among people with difficulties in making ends meet.**

Table 6: Share of the population who provide unpaid care, by carer type, 2022, EU-27 (%)

	(No care duties)							
		Childcare (own)			Childcare (own)	Childcare (own)		Childcare (own)
			Childcare (other)		Childcare (other)		Childcare (other)	Childcare (other)
				LTC		LTC	LTC	LTC
Gender								
Women	51.9	17.9	6.6	10.9	2.0	6.1	2.3	2.4
Men	57.7	14.9	4.7	10.7	1.9	5.6	2.1	2.5
Age (years)								
16–17	65.4	2.1	12.2	11.4	1.2	1.9	4.7	1.1
18–24	54.8	5.8	10.8	11.5	2.1	7.0	4.7	3.3
25–34	46.2	20.8	4.3	9.3	2.6	9.0	2.6	5.2
35–44	43.5	29.4	2.6	8.5	2.4	8.3	1.6	3.5
45–54	51.1	23.6	2.3	11.4	2.1	6.5	1.3	1.7
55–64	64.4	8.3	6.7	13.9	1.2	2.9	1.8	0.7
65+	73.2	2.3	10.9	9.4	0.9	0.6	2.2	0.5
Labour market status								
Paid work	49.2	22.0	3.8	10.3	2.2	7.5	2.0	3.0
Unemployed	58.3	12.9	5.7	12.7	1.6	4.8	2.1	1.9
Retired	71.6	3.4	10.1	10.1	0.9	1.3	2.0	0.6
Permanent sick/disabled	60.4	9.3	6.5	12.9	2.4	4.0	1.9	2.6
Student/pupil	63.9	2.8	10.9	10.8	1.1	3.5	5.0	2.0
Domestic tasks	42.0	25.0	5.6	12.9	2.6	7.4	1.8	2.6
Other	48.1	19.8	4.3	14.3	1.9	6.6	1.6	3.3
Subjective general health								
(Very) good	53.1	18.6	5.5	9.6	2.0	6.1	2.2	2.8
Fair	55.9	14.1	6.2	12.4	1.6	5.6	2.3	1.9
(Very) bad	61.3	9.3	5.7	13.5	1.8	5.1	1.7	1.6
Migration status								
Native born	55.5	16.4	5.7	10.6	1.9	5.6	2.1	2.3
Foreign born	45.0	16.8	5.9	13.2	2.4	8.5	3.4	4.8
Making ends meet								
(Very) easily	53.3	19.4	6.0	8.7	1.5	6.4	1.9	2.8
Fairly easily / some difficulty	50.3	20.1	5.8	10.5	2.2	6.6	2.4	2.0
(Great) difficulty	44.0	18.6	4.7	13.6	2.6	8.6	2.8	5.0
Total	54.8	16.4	5.7	10.8	1.9	5.8	2.2	2.4

Notes: *Darker shading represents higher shares of the population providing unpaid care by carer type. See Table 1 notes. LTC = long-term care.*
Source: *Eurofound analysis of CARE microdata*

Weekly hours of unpaid caregiving

To assess the time commitment made by unpaid carers, Table 7 examines all forms of unpaid care and presents the mean numbers of weekly hours of unpaid care provision for each carer group (8).

The table shows that among all unpaid carers, the average weekly number of hours dedicated to unpaid care is 29.7. Individuals who provide care to their own children report relatively high weekly hours of care. In contrast, those who care for children other than their own report lower mean hours, suggesting lesser demands. In the middle of the two childcare categories is the group providing long-term care to people with physical or mental ill health, disabilities or age-related needs.

The intensity of unpaid care provision is gendered, and this discrepancy is primarily driven by differences between men and women when it comes to parental childcare. While Table 3 shows that women are 14 % more likely than men to provide parental childcare, the gender gap is even more pronounced in the intensity of care, with female caregivers providing 52 % more hours than their male counterparts. The gender disparities in care intensity are less evident when it comes to care for other children and long-term care.

Parental caregiving intensity peaks earlier (among carers aged 25–34) than the overall incidence of parental caregiving, which is highest among people aged 35–44 years. This probably reflects the greater needs for care and attention of younger children.

Notably, care for other children is common among both the youngest (16- to 17-year-olds) and the oldest (65 and over) age groups, though the average intensity of caregiving in these groups is lower than in other age brackets. Young adolescent carers (aged 16–17 years) and young adult carers (aged 18–24 years) provide an average of 18.0 and 30.2 hours of total unpaid care per week, respectively. While the average hours of care for one's own children is (still) relatively low among 16- to 17-year-olds, these carers engage in a considerable volume of long-term care and care for other children (for example, siblings, cousins, other relatives, friends or neighbours).

While people in paid work report a relatively high incidence of parental caregiving, its intensity is higher among unemployed people and people whose main activity is engagement with domestic tasks. Interestingly, while care prevalence is clearly related to migration status and financial well-being, the relationship between these variables and care intensity is much less pronounced. With the exception of long-term care, the prevalence of all caregiving types rises with caregivers' self-reported health status. However, it is concerning that caregiving intensity is highest among those in the poorest health.

As can be expected, individuals who provide multiple types of care undertake a higher average weekly number of hours of care provision. For example, people providing both long-term care and childcare to their own children spend an average of a total of 52.4 hours per week providing care. People balancing all three care types contribute an average of 66.0 hours per week (9).

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(8) In order to facilitate the totalling of average weekly hours of care provision for the various categories, reported in ranges of hours by the survey respondents, the point estimate was taken as the mid point of the range. For example, if a respondent indicated that they provided 1–7 hours of long-term care, they were assigned a value of 3.5 hours. For a respondent indicating 71 or more hours of care provision, a value of 81 hours was assigned.

(9) Eurofound analysis of CARE microdata.

Table 7: Mean weekly volume of unpaid care provision, by carer type, 2022, EU-27 (hours)

Action	Childcare (own children)	Childcare (other children)	Long-term care	Any care
Gender				
Women	33.8	13.6	19.7	32.5
Men	22.3	14.9	19.3	26.5
Age (years)				
16–17	17.4	12.9	14.0	18.0
18–24	28.8	16.1	19.0	30.2
25–34	37.2	16.8	22.0	41.3
35–44	31.6	15.0	20.1	35.0
45–54	22.4	13.6	18.5	25.4
55–64	16.7	11.7	19.0	19.9
65+	14.2	10.9	18.3	16.9
Labour market status				
Paid work	26.6	14.0	18.6	29.6
Unemployed	34.4	13.7	22.1	32.6
Retired	17.7	11.7	20.1	19.3
Permanent sick/disabled	29.0	20.3	19.7	30.9
Student/pupil	31.1	14.9	18.1	26.5
Domestic tasks	43.8	16.7	26.2	43.3
Other	37.6	19.9	23.9	39.2
Subjective general health				
(Very) good	28.5	13.8	18.4	29.8
Fair	28.3	14.7	20.8	29.3
(Very) bad	30.3	16.1	23.9	31.9
Migration status				
Native born	28.6	14.0	19.3	29.4
Foreign born	27.7	15.9	21.2	32.7
Making ends meet				
(Very) easily	27.7	15.4	19.1	30.0
Fairly easily / some difficulty	29.5	14.5	19.8	30.6
(Great) difficulty	28.7	15.3	21.9	33.7
All	28.5	14.2	19.5	29.7

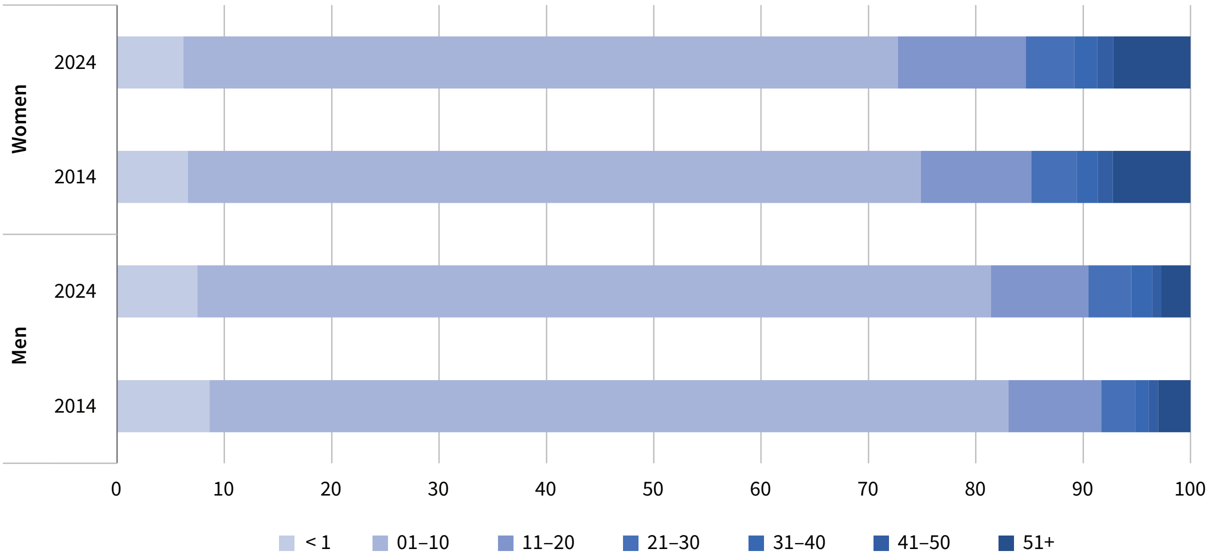
Notes: *Darker shading represents higher mean weekly hours of unpaid care provision. Values are reported for caregivers (conditional mean values). See Table 1 notes.*
Source: *Eurofound analysis of CARE microdata*

Trends in unpaid care intensity over time

Figure 6 illustrates patterns in unpaid care intensity (hours of weekly long-term care provision) between 2014 and 2024, broken down by gender. Among both men and women who provide care, there was a noticeable shift towards higher care intensity over time, with a higher proportion of unpaid carers reporting more than 20 hours of care per week in 2024 than in 2014. Women generally report higher levels of care intensity than men do, reflecting their disproportionate involvement in unpaid caregiving.

As intensive levels of unpaid caregiving can be highly demanding and place a considerable burden on the caregiver, limited availability of formal care services may jeopardise caregivers' well-being while also straining the sustainability of healthcare systems in the longer term, if both caregivers' and care recipients' needs are not adequately met (Verbakel, 2018).

Figure 6: Intensity of caregiving among unpaid carers, by gender, 2014 and 2024 (%)

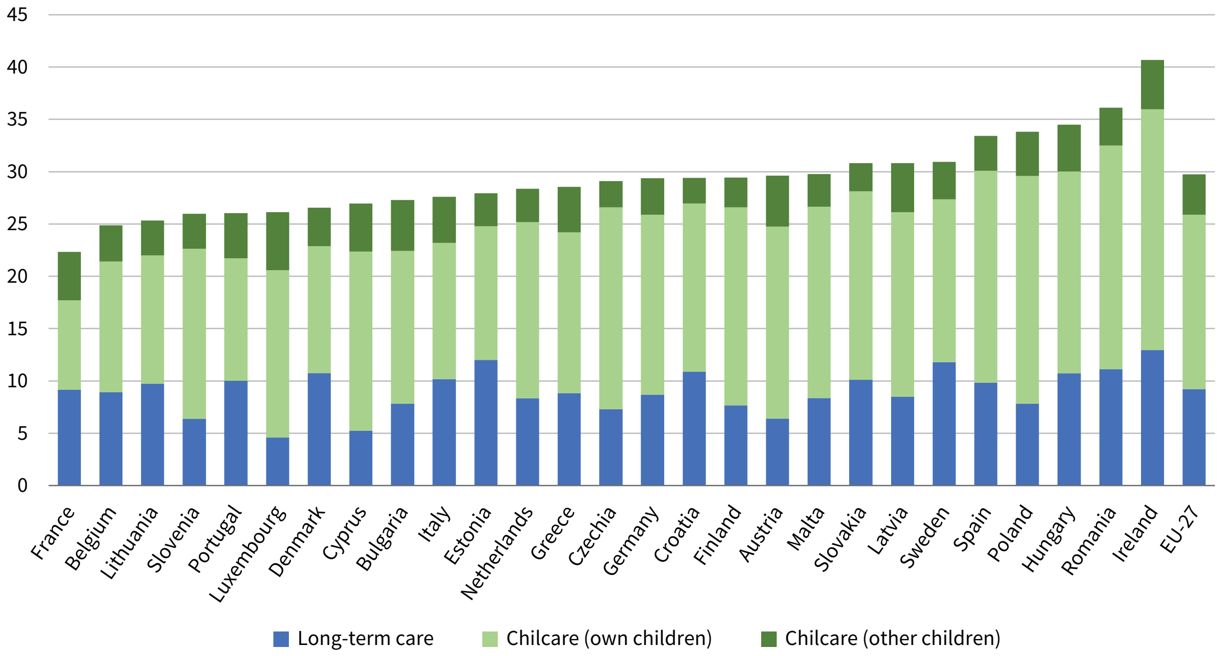


Notes: *See Table 1 notes. Data are available for 14 Member States: Austria, Belgium, Finland, France, Germany, Hungary, Ireland, Lithuania, the Netherlands, Poland, Portugal, Slovenia, Spain and Sweden.*
Source: *Eurofound analysis of microdata from the 7th round (collected during 2014 and 2015) and 11th round (collected during 2023 and 2024) of the ESS*

Country-level variation in average weekly care hours

The coloured bars in Figure 7 present average weekly unpaid care provision among providers of unpaid care. Because the country averages are influenced by the proportion of non-carers in the population, it must be borne in mind that the data do not represent country variation in overall care intensity. Examining the EU-27 average, it is evident that unpaid carers provide an average of 29.7 weekly hours of unpaid care, with care for one's own children contributing the largest component, 16.7 weekly hours, among all unpaid caregivers. Care for other children and long-term care contribute 3.9 and 9.2 weekly hours to the total,

Figure 7: Mean weekly unpaid care provision, by country, 2022, EU-27 (hours)



Notes: *See Table 1 notes. See footnote 8 for more details about the calculation method. Intensive caring is defined as more than 10 hours of unpaid care provision per week.*
Source: *Eurofound analysis of CARE microdata*

respectively. An examination of the patterns across countries suggests that care provided to one's own children – ranging from 8.6 hours in France to 23.0 hours in Ireland – explains the majority of the variation in average hours of total unpaid care provision.

Duration of unpaid caregiving

The duration of a period of unpaid caregiving varies greatly depending on both sides of the care dyad: the age of the care recipient and their reason for needing care, but also the caregiver in question. For example, parental childcare of children without health issues is relatively predictable in its duration and intensity, with parents typically spending the most intensive years providing care from infancy through early adolescence, with the highest demands in the first years of life. The need for supervision and direct care gradually decreases as children become more independent. Grandparents, relatives and neighbours often provide additional support, though their involvement may be more flexible and short term.

For unpaid caregivers of people with long-term health conditions, disabilities or age-related frailties, the duration of caregiving is less predictable. It depends on factors such as the care recipient's health condition, the care recipient's level of dependency and the availability of formal care services. Some caregivers support an ageing relative for only a number of days, while others provide care for years or even decades, especially in cases of a chronic illness or dementia. In most cases, unpaid long-term care is a long-term commitment for the caregiver, measured in years, based on analyses of national-level administrative and survey data (European Commission and Ecorys, 2021). The caregiver's own age, health and personal circumstances also influence how long they can continue in the role. The trajectory of need is less certain, with caring often intensifying over time. As shown in a qualitative study of caregiving in Malta, as years went by, the intensity of the caregivers' role increased, and caregiver burnout was cited as the main reason for carers resorting to residential respite care (Sultana and Agius, 2019).

Caregiver burden

Various tools exist to measure caregiver burden, aiming to reflect the complex implications of caregiving. Such tools, developed since the 1980s, include the Zarit Burden Interview, the Montgomery tool, the Carers of Older People in Europe Index and the Burden Scale for Family Caregivers (Bagyura et al., 2024). When it comes to young carers, the Multidimensional Assessment of Caring Activities questionnaire and the Positive and Negative Outcomes of Caring questionnaire have been used to assess caregiver burden, for example in the context of the Me-We project.

The burden of care is closely linked to the intensity of care provision, but also to the severity of the care recipient's needs. For example, perceived care burden increases with the number of care recipients. In a survey carried out in Estonia, 17 % of caregivers caring for two people and 28 % of caregivers caring for three or more people assessed their care burden as high or unbearably high (Vainu et al., 2022). A study from Poland found that a decline in care recipients' functional and mental capacities significantly amplifies caregiver burden, diminishes satisfaction with caregiving responsibilities and reduces the perceived quality of support received (Deluga et al., 2018). Research from Germany has shown that increasing burdens lead to caregivers more frequently reporting problematic behaviour towards the person in need of care (for example, neglect, verbal aggression or physical violence) (Jacobs et al., 2016).

Positive impacts of unpaid caregiving

Under the right circumstances, the provision of unpaid care can also be a positive experience, a source of fulfilment and an activity that results in positive outcomes for both caregiver and care recipient.

An increasing number of studies have highlighted recurring positive outcomes for caregivers, including self-efficacy, role satisfaction, emotional rewards, personal growth, competency and mastery, relationship gains, sense of duty, reciprocity, personal fulfilment, sense of purpose, enhanced skills (for example, time management and patience), stronger family bonds, increased empathy and a heightened sense of generativity – the feeling of making a meaningful difference to someone's life and contributing to society's well-being. Some caregivers also reported increased activism, such as advocating for improvements in care for older people (Abdollahpour et al., 2018; Grossman and Gruenewald, 2017; Meisner and Binnington, 2017). This holds true for young caregivers, with evidence pointing to some positive aspects of the caregiving experience: some carers report gaining useful skills that are beneficial for their future, including problem-solving, time management and empathy, and others refer to close relationships with care recipients, offering a unique bond and a sense of accomplishment in being able to help. Additionally, young carers often describe a feeling of maturity and personal growth, with some viewing their experiences as leading them to become more responsible and 'grown-up' (Becker, 2021; Cassidy et al., 2014; Joseph et al., 2020).

However, positive outcomes for unpaid caregiving can only be achieved when several conditions are met: when unpaid caregivers have an adequate social support system (including family members, friends and the community, providing emotional support, practical assistance and opportunities for respite); when they have access to formal support services (see Chapter 3 on the policies supporting unpaid carers, for example relating to respite care, training and information, counselling and financial assistance); when their relationship with the care recipient is defined by mutual respect, a positive bond and reciprocity; and when unpaid caregivers have adequate emotional, psychological and financial resources to respond to caregiving demands, while preserving and nourishing other aspects of their personal lives, including employment (Alvira et al., 2015; Brimblecombe et al., 2018; Verbakel, 2014; Verbakel et al., 2016). For young carers specifically, the significance of external structural support as a key element that determines the balance between negative and positive outcomes cannot be overstated (Fives et al., 2013; Stevens et al., 2024). Under these supportive premises, unpaid caregiving can be experienced as rewarding, even if burdensome.

Positive outcomes of unpaid caregiving may also serve as a buffer against some of caregiving's negative outcomes, in particular stress and psychosocial burdens (Yu et al., 2018). However, the balance between positive and negative outcomes of unpaid caregiving is often not achieved immediately or at least not for all unpaid caregivers. Studies comparing the rewards of caregiving (for example, increased life appreciation and self-satisfaction) with the costs (including fatigue, time constraints and feeling overwhelmed) have found gender and relationship differences, with women experiencing greater costs than men, while sons and daughters report more rewards from caregiving than spouses do (Raschick and Ingersoll-Dayton, 2004). This pattern of varied experiences extends to other caregiving relationships. Research on grandparenthood indicates that its impact on well-being is strongly influenced by existing family dynamics and engagement levels. While grandparents with limited family contact may experience reduced well-being, those who are actively engaged in grandparenting roles often demonstrate health improvements, with outcomes significantly shaped by family closeness and the extent of involvement in caregiving (Leimer and van Ewijk, 2022). Similarly, young carers face unique challenges as they balance their own development needs with caregiving responsibilities. Understanding and assessing the benefits and negative impacts of caregiving can be beneficial in supporting the positive impact of caring among young people, and mitigating the negative impact. Policy evaluations should therefore assess whether problems and difficulties are being alleviated and how positive outcomes such as resilience, strength and well-being are, and can be further, fostered (Stephen et al., 2012).

Overall, the research findings presented in this chapter underscore the importance of making caregiving challenges more visible, empowering caregivers, and promoting practices that enhance carers' well-being and sense of purpose. While it is important to acknowledge the many positive aspects of unpaid caregiving, the aim of this chapter is to highlight the needs of unpaid caregivers, and to emphasise the challenges that they face, in order to provide valuable insights to policymakers.

Motivation and willingness to provide care

This section presents research findings about the personal motivations and reasons for people providing unpaid care. To provide necessary support to unpaid caregivers, it is of crucial importance to understand whether unpaid caregiving is carried out because of personal choice by the carer, or because they are forced into the role for one reason or another.

The responsibility for providing care often falls on a single family member, typically a woman, whose role as the caregiver is shaped more by immediate needs, rather than by personal choice. Societal expectations around caregiving are persistent, and making use of formal care services is sometimes perceived as abandoning the care recipient.

Societal norms

Preferences about care vary significantly across countries, influenced by cultural norms and societal attitudes. When designing care policies, it is essential to consider these factors – including the strong emphasis on family caregiving in familistic cultures and the stigma that may discourage unpaid carers from seeking support.

Societal norms about unpaid caregiving in the EU are deeply rooted in historical and cultural traditions, with regional differences shaping motivations for caregiving and the gender roles associated with it. In southern and eastern Europe, caregiving responsibilities have traditionally been seen as a moral obligation tied to strong familial bonds and intergenerational solidarity. This is especially true in countries like Italy, Poland and Spain where women have traditionally been expected to take on caregiving roles within the family. By contrast, in northern and western Europe, societal norms have shifted towards more gender-balanced caregiving roles, and the state has taken a larger role in the provision of care. It has been shown that intensive levels of unpaid long-term caregiving are more common in countries with strong family care norms (Verbakel, 2018).

Preferences for formal or unpaid care vary widely across countries, often shaped by cultural beliefs and societal attitudes. For example, in many cultures, there is a strong expectation that older adults be cared for by their families, while residential care is perceived as an undesirable, shameful or irresponsible choice.

Reflecting temporal shifts in societal norms, the proportion of the EU population who agree with the statement that a 'pre-school child suffers with a working mother' has decreased over time. Between 1990 and 2017, the figure declined from 94 % to 51 % in Poland (the Member State with the highest value initially) and from 32 % to 9 % in Denmark (which initially had the lowest value among the countries surveyed). Fewer people also agree with the statement, 'It is a child's duty to take care of an ill parent.' Between 2008 and 2017, the figure declined from 94 % to 60 % in Greece (the Member State with the highest value initially) and remained relatively stable (changing from 20 % to 21 %) in Finland (which initially had the lowest value among the countries surveyed) ([10]).

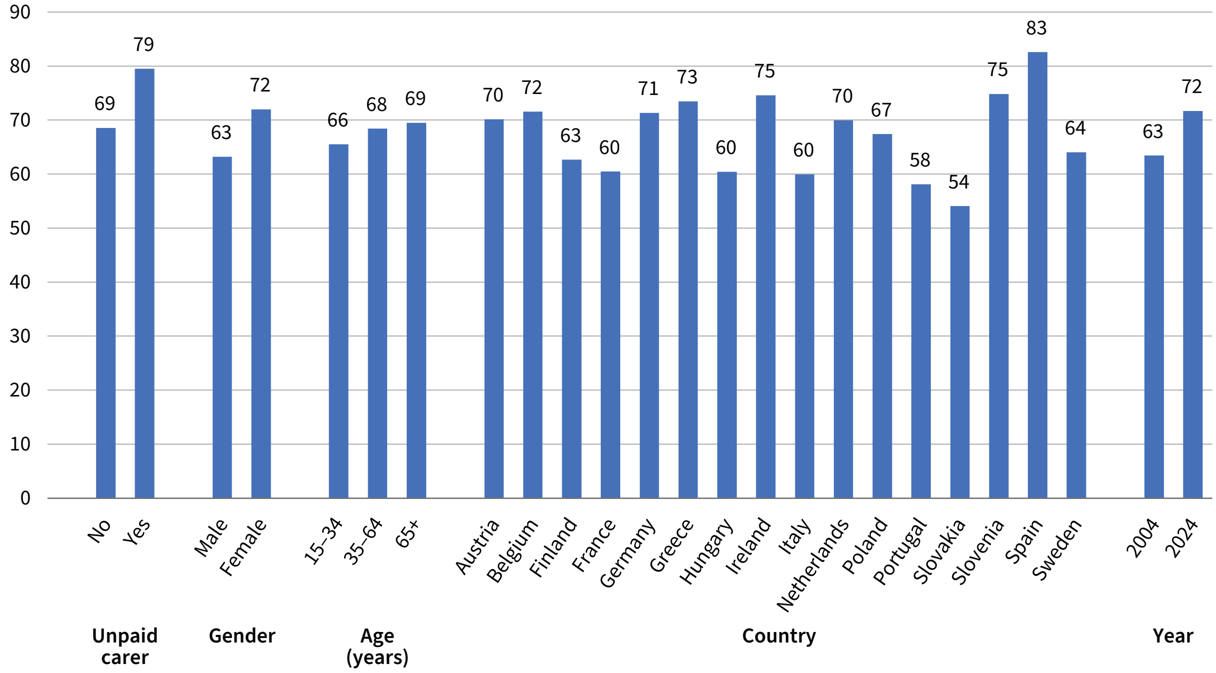
Personal motivations

Personal beliefs about care are strongly shaped by the societal norms discussed above. Personal motivations, including the feeling of being needed, a sense of obligation, a desire to make an active contribution to society, feelings of reciprocity and personal values influence the decision to provide unpaid care. Existing research into caregiving values highlights the complex interplay between cultural norms, caregiving motivations and policy. Zarzycki et al. (2022) identify six cultural factors that shape caregiving motivations: self-identity, duty, values, emotional attachment, reciprocity and competing responsibilities. Their findings emphasise the need for culturally sensitive care policies, while also acknowledging the necessity of challenging extreme beliefs, including stigma around seeking support.

The concept of reciprocity plays a significant role in caregiving dynamics at the individual level and the family level. Children, for example, often develop a strong sense of loyalty towards their parents, viewing their responsibilities as a way of giving back – expressed in sentiments like, 'This is the least I can do for them.' This sense of duty can also work in the opposite direction, as most parents see caring for their children or grandchildren as an unquestioned obligation – something they do instinctively, regardless of the cost (Vanhecke, 2021).

The data in Figure 8 show variations in the share of the EU population for whom helping and caring for others is important, broken down by different subgroups. As expected, unpaid carers attribute higher levels of importance to providing care than non-carers. Women are more likely than men to value helping others. The personal importance of care provision increases

Figure 8: Share of population for whom helping people and caring for them is important (%)



Notes: *Data are based on the ESS question, 'Now I will briefly describe some people. Please listen to each description and tell me how much each person is or is not like you. Use this card for your answer. It's very important to her/him to help the people around her/him. She/he wants to care for their well-being.' Data reflect the answers 'Very much like me' and 'Like me'. Unpaid carers are defined as people who responded 'Yes' to question, 'Do you spend any time looking after or giving help to family members, friends, neighbours or others because of any of the reasons on this card? Do not count anything you do as part of your paid employment.' Card shown: 'Long-term physical ill health or disability; long-term mental ill health or disability; conditions related to old age.' Data are available for 16 Member States (shown).*
Source: *Eurofound analysis of microdata from the 2nd round (2004/2005) and 11th round (2023/2024) of the ESS, weighted.*

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[10] These data stem from Eurofound's analysis of microdata from the European Values Study and the World Values Survey.

marginally with age. Among countries for which data are available, Spain stands out as having the highest share, followed by Slovenia, Ireland and Greece, while Slovakia has the lowest. Over time, responses show an overall increase in the perceived importance of caring.

Willingness to provide care

The informal care model (Broese van Groenou and De Boer, 2016) explains how the decision to provide care is shaped by multiple factors, including general societal attitudes towards caregiving; the quality of the relationship between the carer and care recipient; normative beliefs about responsibility, solidarity and reciprocity; and perceived barriers such as financial strain or lack of support. However, the actual provision of care also depends on the broader context: the availability of support within the family, social network and wider community.

According to existing literature, much of unpaid caregiving is not considered a choice by the caregivers. Instead, many unpaid carers feel obliged to provide care, due to constraints set by societal norms, or due to necessity (Rocard and Llena-Nozal, 2022). In illustrative research from Malta, more than half of survey respondents (60 % of women and 50 % of men) stated that they continued to provide care despite negative effects on their health and well-being, suggesting that many carers are exposed to considerable pressure to deliver informal care (Simmons et al., 2022).

It is clear that while caregiving is sometimes a voluntary choice, it is often undertaken out of necessity – either due to the high cost of formal care services or due to the inadequacy of formal care provision. Ensuring sufficient access to formal care services is therefore crucial to making unpaid caregiving a true choice rather than a forced responsibility driven by a lack of viable alternatives. The focus of the chapters that follow is on the needs of unpaid carers, and the range of supportive measures that are available in Member States to meet these needs. As discussed above, caregiving is driven by a range of motivations and should not be reduced to a burden, despite the challenges. Recognising these motivations can help policymakers provide holistic support to caregivers (Triantafillou et al., 2010).

Key insights

- Just over a third of the EU population provides unpaid childcare, while between 15 % and 30 % provide unpaid long-term care, depending on how the particular survey defines a care recipient and the necessary level of care intensity.
- Women are more likely than men to have multiple caregiving responsibilities, carrying out both childcare and long-term care tasks.
- Young carers under the age of 18 show relatively high engagement in caregiving roles for other children and long-term care, and are also more likely than older individuals to combine caregiving tasks.
- Individuals who provide multiple types of care undertake a higher average weekly number of hours of care provision, with those providing all three care types contributing an average of 66.0 hours per week.
- The duration of unpaid long-term care is often measured in years, especially in cases of a chronic illness or dementia, and caregiving often intensifies over time.
- Caregiving is sometimes a voluntary choice, but it is often undertaken out of necessity – either due to the high cost of formal care services or due to the inadequacy of formal care provision.

3 Needs and challenges of unpaid caregivers

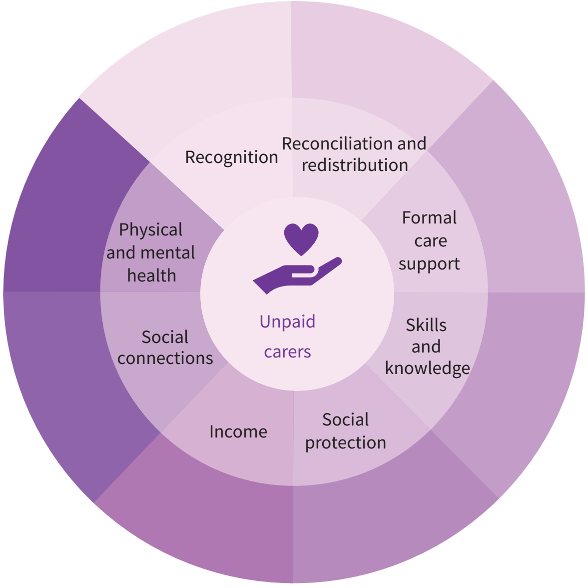
Considering the increasing importance of care in European societies and the extent of unpaid caregiving, it is vital to ensure that unpaid carers are adequately supported. Paying attention to their situation and the challenges they face is crucial in facilitating successful policy development in this area. While the safeguarding of unpaid carers' health and well-being is naturally vital from the carer's own viewpoint, it also benefits the cared-for children and adults, is necessary for ensuring continued provision of this invaluable work, and prevents additional issues arising from unpaid carers' deteriorating situation. Research has shown that unpaid caregivers experience a higher quality of life in countries with greater availability of support, services and policies targeted at carers (Lamura et al., 2008).

Channelling resources to people who provide care and support to children ensures that societies are able to raise well-equipped and healthy citizens of the future – who also appreciate the value of care within families and communities. Providing support to unpaid carers of adults is equally important, as these carers play a crucial role in maintaining the dignity, well-being and independence of older people and those with disabilities or chronic illnesses.

Unpaid carers often face substantial challenges: a lack of recognition, in terms both of official legal status and broader societal appreciation of unpaid care work; poor well-being, in terms of physical and mental health; and a lack of social connections (Figure 9). The redistribution of care work and the reconciliation of care with other aspects of life pose challenges, and the lack of access to social protection and paid work opportunities results in significant financial difficulties. The limited availability and accessibility of formal support worsens caregiver burden. Carers also require opportunities to develop skills and knowledge to support them in their role, while the formal recognition of their expertise gained through caregiving would support labour market integration when caregiving ends.

This chapter explores existing evidence of the challenges unpaid carers face in ensuring their needs are met, and supplements this exploration with an examination of the disparities of different outcomes between carers and non-carers, drawing on the latest available EU survey data.

Figure 9: Needs of unpaid carers



Source: *Eurofound*

Recognition

When it comes to caring for children, the recognition of the rights and responsibilities of parents and guardians as caregivers is widely established through legislation and in societies generally, assigning the authority and duty to care for, and responsibility to make decisions on behalf of, minors. However, the recognition of the wider circle of unpaid caregivers for children is lacking. For example, formal recognition and support of grandparental care is limited, and varies across Member States.

The lack of legal and social recognition of unpaid caregivers for adults is an issue with significant material and non-material consequences for the caregivers. Unpaid caregivers' roles and contributions are often not formally acknowledged in legislation, as discussed in more detail in Chapter 4. Caregiving is commonly viewed as a private activity, leading to a wider lack of societal recognition (Higgins et al., 2011; Williams et al., 2015).

The combined lack of both self-identification (discussed in Chapter 2) and outside recognition can lead to unpaid caregivers not seeking necessary support and services.

This can be especially challenging for carers with multiple caregiving roles. While each individual care commitment may seem manageable on its own, the cumulative impact of these responsibilities can be significant and overwhelming for the caregiver.

Furthermore, unpaid caregivers often do not see themselves as equals when acting as a partner in a joint care arrangement with formal care providers. In these situations, the focus of professional carers is often on the care recipient, with limited recognition of the unpaid carer's contribution (Hengelaar et al., 2018; Triantafillou et al., 2010). In one illustrative example from national-level research, according to a survey of family caregivers in Ireland, 58 % of caregivers perceive themselves to be socially excluded, while 88 % agree that the value of what they do is not recognised by others (Family Carers Ireland, 2022).

National-level studies on young carers in the EU indicate that many young carers do not self-identify as caregivers, instead perceiving their responsibilities as a natural part of family life. This reluctance is reinforced by societal stigma and cultural norms, which often discourage open acknowledgement of caregiving. As a result, young carers frequently struggle to access the support they need, with many adopting a mindset of independence and self-reliance, insisting, 'I can manage,' despite the challenges they face.

A significant gap in tailored support for young carers further exacerbates these difficulties, particularly in the education system, where young carers and young adult carers often lack formal recognition. For instance, policies that allow exams to be spread out or assignments to be postponed would ensure that caregiving students do not have to repeatedly disclose their circumstances to justify absences or depend on the discretion of individual teaching staff.

Reconciliation and redistribution

Time dedicated to care competes with time allocated to other forms of unpaid work, paid work and activities such as personal care, physical activity, socialising and sleep – meaning that unpaid carers are often stretched and unable to sustainably combine unpaid care tasks with other demands and needs in their lives. In an illustrative example, a study from Estonia found that 23 % of caregivers felt they did not get enough rest, while another 23 % struggled to spend time with friends. Additionally, 18 % reported being unable to spend as much time as they wanted with other family members, while 10 % felt they could not adequately look after their own health (Vainu et al., 2022).

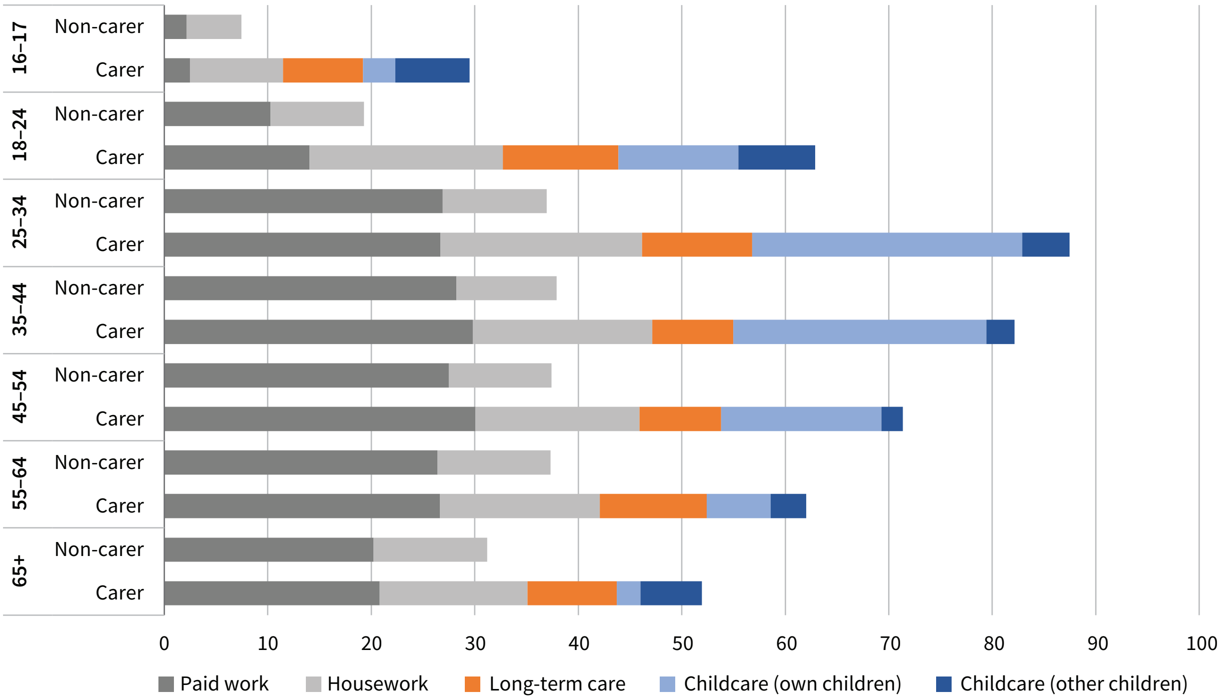
It has been documented in existing research that unpaid caregiving has a significant impact on caregivers' time use, often leading to trade-offs, compromises and conflicts in balancing competing commitments. For example, a qualitative study of the experiences of individuals caring for older relatives at home in Lithuania found that employed caregivers provided care during their lunch breaks, weekends and their own vacations in order to balance work and caregiving commitments (Junevičienė, 2020). Caregivers often also sacrifice leisure time and sleep to fulfil caregiving duties. This has been shown to lead to increased stress and fragmented time use, meaning that activities are broken into smaller segments. Furthermore, unpaid caregiving is often coupled with an increase in other forms of unpaid work, such as household tasks, which further reduces the time available for other activities (Urwin et al., 2023). Young carers are less likely than their non-carer counterparts to leave their parental home, which may have further knock-on effects on their free time and socialisation and leisure time opportunities.

Labour market participation and total work time

Figure 10 presents data that illustrate patterns of total (paid and unpaid) work time use of people with and without unpaid caregiving responsibilities, broken down by age group. The data reveal that overall, carers dedicate slightly more hours to paid work than non-carers do. The pattern is explained by the fact that parents (especially fathers) generally work longer hours (in paid work) than non-parents do. The opposite is true for carers of children other than their own, and for people with long-term care commitments: they spend less time on paid work than their non-caring counterparts.

Across all age groups, carers consistently have a longer total work week than non-carers when both paid and unpaid work (including care work) are considered together. Among young adolescents (aged 16–17 years), non-carers' total work week averages 7.5 hours, while it is nearly four times that (at 29.5 hours) among their carer peers. While this difference in the relative length or the total work week between non-carers and carers diminishes among older age groups, it is still significant even among people aged 65 or over: the total work week averages 31.2 hours among non-carers in this age category, while it is 1.7 times that length (at 52.0 hours) among their caring counterparts. Overall, the data illustrate how caring responsibilities, particularly during working-age years, stretch individuals by increasing total work demands, reducing time for self-care and potentially leading to long-term fatigue and well-being concerns.

Figure 10: Total weekly work time, by age and carer category, 2022, EU-27 (%)



Notes: *Data are based on survey questions on weekly hours of involvement in paid work and housework activities ('How many hours in a typical week are you involved in housework?'). See Table 1 notes. See footnote 8 for more details about the calculation method.*
Source: *Eurofound analysis of CARE microdata*

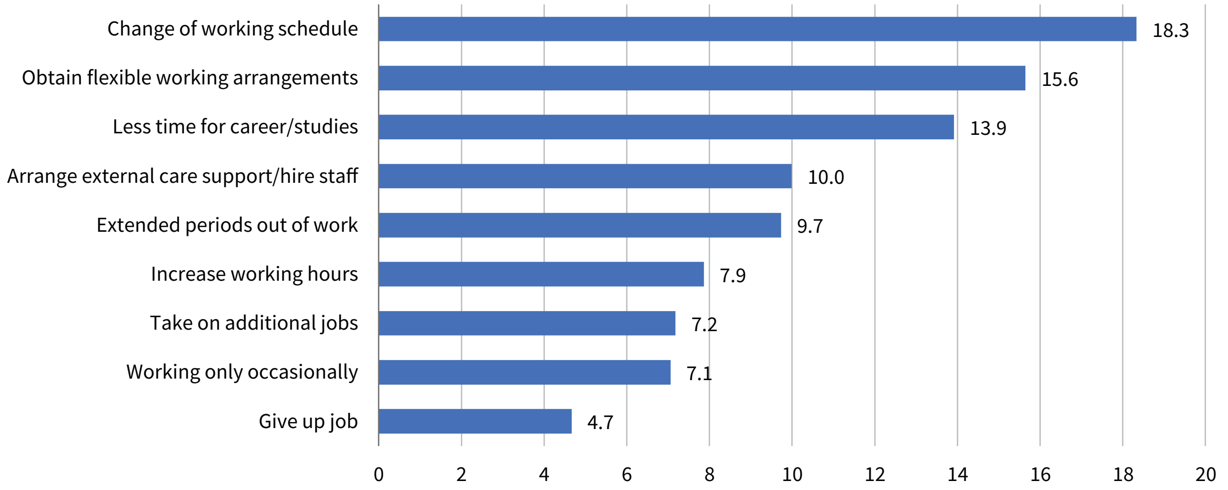
It has been widely evidenced in existing research that caregiving reduces caregivers' labour market engagement. High-intensity caregiving in particular has been shown to have effects on employment, leading to reduced work hours, lack of career advancement, job loss and a reduced likelihood of returning to paid work, which in turn contributes to financial instability and stress (Bauer and Sousa-Poza, 2015).

The 'motherhood penalty' in the labour market refers to the distinct challenges mothers face in their careers, often arising from societal expectations around caregiving. Mothers may be perceived as less committed to or competent in their jobs, which may lead to fewer promotion opportunities, lower wages and reduced job security. This penalty is a reflection of deep-rooted gender norms that contribute to persistent inequalities in the labour market. These gender inequalities in caregiving responsibilities directly affect the inequalities in welfare and well-being between women and men. As discussed in Chapter 4, the work–life balance directive seeks to promote a more equitable distribution of caregiving responsibilities. For example, it introduces non-transferable parental leave and flexible work arrangements for both women and men, with a particular focus on encouraging greater participation from men.

Balancing care with paid work and other life domains

Figure 11 illustrates the impact of caregiving on the working lives of unpaid carers in paid employment. The most commonly reported implications are changes to work schedules and the use of flexible working arrangements. A significant share of unpaid carers report having less time for their careers or studies, indicating possible long-term consequences for professional development. Some workers with caring responsibilities report arranging external care support or hiring additional staff, while others have taken extended periods out of work, or increased their working hours. A smaller proportion take on additional jobs to accommodate unpaid care duties. Some unpaid carers report working only occasionally or giving up work entirely, highlighting the severe labour market consequences faced by some unpaid carers.

Figure 11: Share of unpaid carers in paid work reporting implications of caring responsibilities for working life, 2022, EU-27 (%)



Note: *Data based on the survey question, 'Have your caring responsibilities ever had any of the following implications for your working life or career?'*
Source: *Eurofound analysis of CARE microdata*

Interestingly, carers are more likely than non-carers to report spending more time on physical, leisure and volunteering activities than non-carers, possibly reflecting the fact that for many family caregivers, these activities are carried out together with the care recipients (children, spouses, etc.). The impact of caregiving on sleep duration is notable: carers across all age categories and carer groups report fewer hours of sleep than their non-carer counterparts (11).

Education and employment challenges for young carers

For young carers, educational challenges are also prevalent, as they often face difficulties balancing schooling and caregiving, with teachers frequently unaware of their responsibilities. Furthermore, young carers can experience severe educational and working life impacts, with many reporting chronic problems of lateness, absenteeism and an inability to reconcile paid work with unpaid caring tasks (Becker and Sempik, 2019; Hamilton and Adamson, 2013). These impacts extend into the future. As was demonstrated by a study based in the United Kingdom, the more hours young carers spend caring, the less likely they are to obtain a university degree: those who care for 35 hours per week or more are 86 % less likely to obtain a degree, and have a 46 % lower likelihood of entering employment than their non-carer peers (Xue et al., 2023).

Redistribution of caring responsibilities

As shown in Chapter 1, unpaid care responsibilities are unevenly distributed across population groups, with some people bearing disproportionate levels of care. Evidence shows that women are overrepresented among unpaid carers, reflecting persistent gender norms and expectations around caregiving. This gendered pattern of care is especially pronounced during peak childrearing years. In addition, age plays a significant role in the distribution of care, with many 'sandwich carers' in middle age finding themselves caring for both children and aging parents. Furthermore, people outside of the labour force and on lower incomes are more likely to provide unpaid care, possibly reflecting less access to formal care services. Migrants are also overrepresented among unpaid carers. These unequal care distributions can reinforce existing social and economic inequalities.

Existing examinations of the division of unpaid care tasks between partners (of opposite genders) within couples show consistent reports from both men and women that women carry out most of unpaid care. These gender care gaps widened during the COVID-19 crisis, especially in relation to long-term care (Eurofound, 2022a).

Indicating shifting attitudes about gender divisions of unpaid care, the share of the EU population agreeing with the statement 'the most important role of a woman is to take care of her home and family' decreased from 44 % to 38 % between 2017 and 2023 (12).

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(11) Eurofound analysis of CARE microdata.

(12) Eurobarometers 87.4 and 100.3.

However, the societal norms influencing gender inequalities are often slow to change.

Formal care support

Access to formal care services is essential in alleviating the intensity of unpaid caregiving. To illustrate the significance of the availability of formal care services when it comes to childcare, women with young children who make use of early childhood education and care services spend less time on intensive childcare and are more likely to be employed than those who do not use these services (EIGE, 2023).

Data collected through CARE allow an examination of the share of people who provide unpaid childcare (to children aged 0–5 years) who report that they have been unable to access all necessary childcare services over the preceding three months. Across the EU, 12.6 % of such carers reported accessibility issues with formal childcare services. Of them, 27.6 % reported that waiting lists for the services were too long, 23.7 % reported that such services were simply not available and 19.2 % reported that poor access stemmed from affordability issues. Smaller shares reported issues such as administrative burdens, restrictive eligibility criteria, quality concerns, physical distance to the services and unsuitable opening hours.

Access to formal services appears to be even more troublesome for long-term care recipients. Some 25.3 % of providers of unpaid long-term care across the EU report not being able to access all necessary services over the preceding three months. Reported reasons for these accessibility issues include affordability (reported by 32.4 % of carers with access issues), unavailability of services (25.1 %) and onerous administrative processes in accessing the services (22.8 %).

Skills development and knowledge gaps

Acknowledging the importance of skills and knowledge is crucial, both in addressing the gaps that caregivers often face in their daily lives, and in recognising the value of the skills they acquire during their caregiving roles. In cases where caregiving lasts for years or even decades, it is essential to provide caregivers with the necessary resources to support their development, while considering that the needs of the care recipient – either a growing child or a person with a long-term health issue – are likely to evolve over time. Caregivers often experience feelings of worry, isolation and helplessness, both in finding the right support and in providing adequate care for an adult relative or a close friend with disabilities or complex health needs. Additionally, it is vital to ensure that caregivers' skills are maintained and enhanced, enabling them to transition back into the labour market when their caregiving responsibilities come to an end. This approach not only supports caregivers' immediate needs but also promotes their long-term professional potential.

In practical terms, research on unpaid carers carried out in Finland, Germany, Latvia, Lithuania, Norway, Sweden and the United Kingdom identified needs of unpaid carers. Examples included better access to information and training, for example advice and counselling on caring for a person with physical disabilities at home, training in first aid, and information on social care and healthcare services available to the care recipient (SIVA, 2020). Caregivers have also been found to report a need for better information and educational resources to help them manage their roles. A lack of these resources can lead to inequalities in care, and increase caregiver burden (Moura et al., 2023).

The way in which information is provided clearly has implications for its usability. Research from Austria highlights that care-related challenges often stem from bureaucratic and organisational hurdles. These difficulties arise partly from a lack of awareness about support services available to carers and partly from the perceived complexity of navigating the process of applying for these services. This is particularly burdensome at the onset of care, when daily life must be reorganised, and the living environment adapted. This period may involve establishing a support network that includes professional carers, as well as engaging the wider network of family and friends (Stöhr et al., 2018).

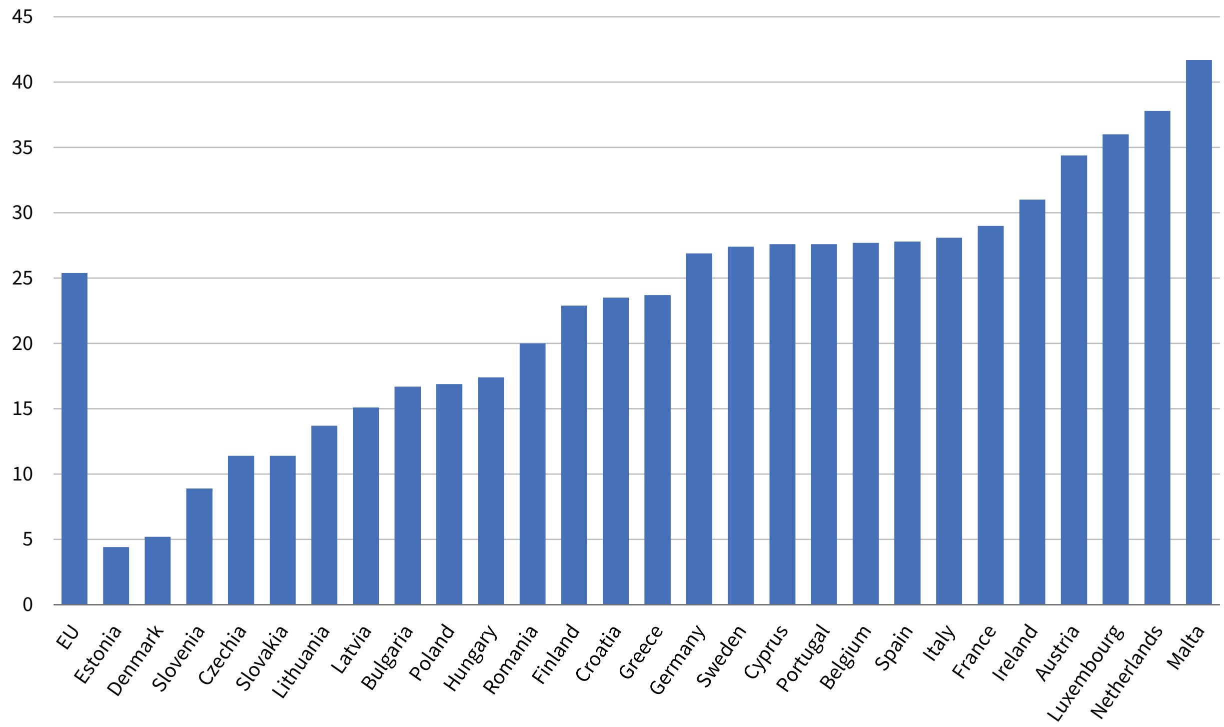
As discussed in Chapter 4, providing guidance and training to unpaid caregivers and recognising their skills offers multiple benefits: enhancing the quality of care provided, improving caregivers' well-being and transforming their informal role into a valuable asset in the labour market once their caregiving responsibilities end.

Social protection

Caregiving is associated with a reduction in paid work and employment, worsening social protection coverage for the caregivers. An important component of this coverage is entitlement to future pensions. In many countries, pension entitlement is related to past labour market income and time spent in paid work. As the majority of caregiving is done by women, this is a major contributor to the gender pension gap and women's risk of experiencing poverty in older age.

The gender pension gap is the outcome of a culmination of gender differences that occur over the course of people's lives (EIGE, 2024). The average gender pension gap stood at 25.4 % in the EU in 2023, with a wide range across Member States, from 4.4 % in Estonia to 41.7 % in Malta (Figure 12). The gender pension gap increases with the number of years spent out of the labour force,

Figure 12: Mean gender pension gap, 2023, EU-27 (%)



Notes: *Population aged 65 years or over. The gender pension gap is the difference in women's and men's pension income, expressed as a percentage of men's pension income. Pension income includes income from old-age benefits and survivors' benefits and regular pensions from individual private plans.*
Source: *Eurostat (ilc_pnp13)*

for example to raise children or to provide other types of unpaid care. As discussed in Chapter 4, contributions to pensions that accumulate during periods of caregiving can help alleviate the gender pension gap.

Income

Unpaid caregiving has been shown in existing studies to have significant financial consequences for caregivers, both directly and indirectly. Direct financial impacts include out-of-pocket expenses for medical supplies, medications and home modifications, as well as costs related to transport and daily care needs. In addition, as discussed above, many caregivers reduce their working hours, leave employment entirely or retire earlier from the labour market, leading to a direct loss of income and associated benefits such as health insurance and pension contributions. Indirectly, unpaid caregiving affects longer-term financial security by limiting career progression, reducing pension saving and reducing savings in general. The loss of professional development opportunities limits future income potential. Additionally, the emotional and health-related strains of caregiving may lead to increased healthcare expenses. The joint effect of these impacts places caregivers at a heightened risk of financial strain, during their caregiving years and beyond.

The financial burden faced by unpaid carers is not just a theoretical concern but a very real issue, as highlighted by a 2024 survey of family carers in Ireland. The survey found that financial issues emerge as one of the main challenges for unpaid carers: 69 % find it difficult to make ends meet, 29 % of those struggling financially are cutting back on essentials such as food and heating, and 23 % missed at least one mortgage or rent payment in the year before the survey (Family Carers Ireland, 2024).

Social connections

Social isolation is one of the most significant challenges faced by unpaid caregivers, particularly those with intensive or multiple caregiving responsibilities. The demands of caregiving often leave little time for maintaining personal relationships or participating in social and community activities. The emotional toll of caregiving, combined with time constraints and limited external support, can lead to feelings of loneliness and isolation.

Intensive levels of caregiving, and managing multiple caregiving roles at the same time, are particularly damaging to the social lives of caregivers. In a small qualitative study conducted in Austria, many participants reported that the multiple burdens of caregiving often led to social withdrawal and exclusion.

Some interviewees described voluntarily distancing themselves from their social circles, while others noted that friends and relatives had reduced contact with them (Queraum and Fonds Soziales Wien, 2022). Research from Ireland suggests that 48 % of family carers report experiencing extreme loneliness (Family Carers Ireland, 2024).

Caregiving has also been shown to affect social interactions with the wider community. A qualitative study conducted in Lithuania on individuals caring for family members with disabilities at home found that taking on a caregiving role had a significant impact on the caregiver's participation in community life. A large portion of respondents admitted that they rarely, if ever, engaged in community activities, primarily due to a lack of time (Piščalkienė et al., 2017).

Physical and mental health

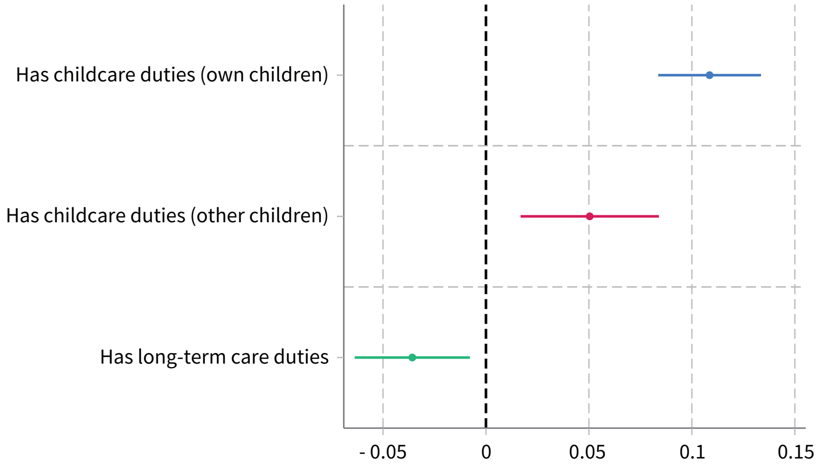
Unpaid caregivers often sacrifice their own health to provide care. The physical, mental and emotional strain associated with caregiving can lead to stress, burnout and other poor health outcomes.

Physical health impacts have been linked to the chronic stress and physical demands associated with caregiving tasks, and include increased blood pressure, musculoskeletal strain and injuries, and fatigue. For example, Bom et al. (2019) found in their systematic literature review that unpaid caring has been shown to lead to negative health outcomes among the older population, and that these adverse consequences are particularly pronounced in the case of married women and carers who provide intensive levels of care.

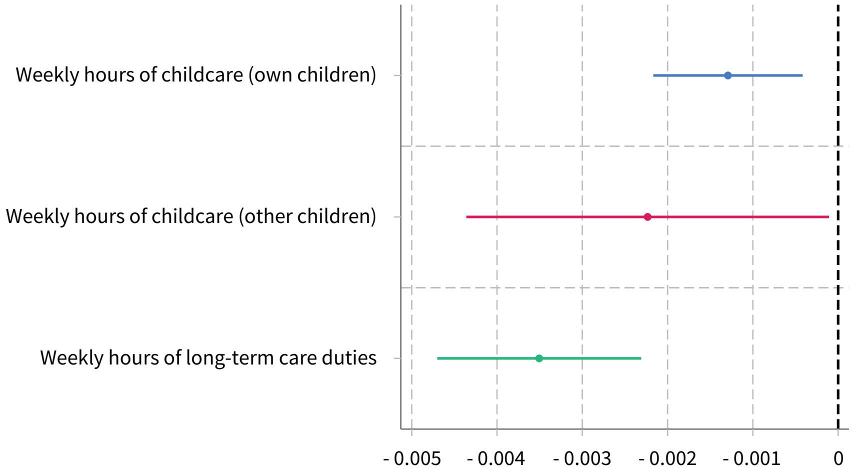
Figure 13 illustrates the patterns of the relationship between subjective health and carrying out different types of unpaid care, based on data from CARE.

Figure 13: Care incidence, caring intensity and subjective general health

(a)



(b)



Notes: *Data on the dependent variable are based on the CARE question, 'How is your health in general?', with answers ranging from 'very bad' (1) to 'very good' (5). Control variables (possible confounders) included in models: gender, age, country, education level and migration status. The coloured lines represent 95% confidence intervals of the point estimates.*
Source: *Eurofound analysis of CARE microdata*

Panel (a) shows the regression coefficients from multivariate models that examine the difference in the level of health between non-carers and carers, whereas panel (b) focuses on carers only, and illustrates how the level of health changes as care intensity increases. Respondents were asked to self-assess their overall health status, encompassing both physical and mental well-being.

It is evident that the association between caring and health is more pronounced and more detrimental in the case of long-term care, than when it comes to childcare. In the case of childcare provided to one's own children or other children, carers report higher levels of subjective health in comparison with their non-carer counterparts. The opposite is the case for people providing long-term care, whose health is poorer than their peers without care commitments, possibly reflecting the physical and emotional burden associated with caregiving responsibilities. The multivariate models account for the impact of confounders, including age and gender of the caregiver – simple comparisons of the health levels of carers and non-carers may simply reflect the fact that the two groups differ in terms of age, which is also a determinant of health.

In line with findings of past literature, these recent EU-level data also confirm that the negative health consequences of unpaid caring are more closely related to the intensity of caregiving, than caregiving activity in itself. Examining the estimates presented in panel (b) of Figure 13, it is evident that among caregivers, higher weekly care hours are associated with lower self-reported levels of health, and that this relationship is the most pronounced in the case of long-term care.

The mental health burden on unpaid caregivers is well documented, with many carers experiencing isolation, loneliness and guilt, for example if they need to spend time away from the care recipient. As discussed in Chapter 4, digital platforms and mobile applications can help by providing emotional, psychological and practical support, offering caregivers a sense of community through shared experiences, and addressing isolation, especially in rural areas (Blusi et al., 2014; Hansen et al., 2016; Kruk, 2015; Newman et al., 2019).

It has been suggested that the net social value of adult unpaid care is considerable, taking into account the intangible well-being costs that caregivers incur. This stems from a caring-induced 1 % reduction in life satisfaction among adult unpaid caregivers in general, and a 6 % reduction among co-residential caregivers (Costa-Font and Vilaplana-Prieto, 2025). Existing research highlights that the main predictors of lower caregiver well-being include care intensity and lack of support.

Research findings also highlight the risk of harm and abuse experienced by unpaid carers. Unpaid carers in Ireland describe the types of harm they have experienced in their caring roles, including physical violence, shouting, screaming and damage to personal possessions or their family home. These actions, in turn, cause emotional and psychological distress. The challenges are compounded by the fact that many carers are fearful that reporting these issues could lead to other family members being seen as 'at risk' and alternative care or interventions such as residential care being imposed (Donnelly and O'Brien, 2023).

Young carers

In addition to the general population of carers, research has shown that young carers are at risk of negative impacts to their health and well-being (Becker and Sempik, 2019; Carers Trust, 2016). While facing many of the same issues as adult carers, young carers experience these issues in a specific, more delicate context (Bou, 2023). Most often lacking support and assuming an age-inappropriate level of responsibility, many young carers provide personal and intimate care with costs to their health (Eurocarers, 2017a).

A recent systematic review of existing research finds that young carers have poorer mental and physical health than their peers. Studies suggest that caregiving has a moderate impact on young carers, who experience higher psychological distress and sometimes mild depression or anxiety. Most studies come from high-income countries with some policy recognition of young carers, highlighting the need for research in more varied contexts. The review suggests that further studies should explore the role of gender and the care recipient's health condition to better inform policies and support programmes for young carers (Lacey et al., 2022).

The stigma related to identifying as a young carer is a real concern. There is quantitative and qualitative evidence about the link between bullying and caring. For instance, some young carers aged 16 and 17 years say they have been bullied 'specifically for being a carer' (Becker and Becker, 2008). Moreover, young carers aged 10–16 years taking part in focus groups reported being stigmatised, either because they were made to feel different or because of their association with an illness or a disability, leading, on occasion, to themselves or the care recipient being bullied (Earley et al., 2007). In extreme cases, some young carers report considering self-harm or harming the care recipient due to the overwhelming pressures of caregiving.

The Me-We research project, which collected data from young carers across Europe in 2018, provides useful information on the well-being outcomes of young carers for a subset of Member States, namely Italy, the Netherlands, Slovenia and Sweden. A comparison of many measures of well-being between young carers and their non-carer counterparts in the Me-We project is presented by Lewis et al. (2023), while a similar comparison of Dutch schoolchildren between the ages of 12 and 16 showed that children with an ill parent at home had more health complaints and lower life satisfaction than their counterparts without an ill parent, even when controlling for confounding factors (de Roos et al., 2022).

National-level studies highlight numerous negative outcomes associated with being a young carer. The emotional toll includes strained relationships between the caregiver and care recipient; heightened risks of depression, stress and worry; and physical issues like pain, sleep problems and loneliness. Many young carers conceal their feelings and needs, finding it difficult to assert their emotions or seek help, which leads to further isolation. The lack of opportunities to share their experiences with peers or mentors deepens this sense of loneliness.

Key insights

- Recognition is the cornerstone that underpins all other needs, transforming invisible unpaid carers into visible contributors to society.
- Reconciliation of care, employment and personal life remains a challenge, especially for those not in paid work, with many relying on informal flexibility or exiting the labour market altogether.
- Formal care resources are often insufficient or unavailable, particularly respite care, day centres and home care assistance, contributing to high carer burden and reduced choice.
- Information, education and training equip carers to provide quality care and navigate available support, but gaps persist in accessibility, funding and geographical coverage.
- Social protection is uneven across Member States, with many unpaid carers receiving limited pension or insurance coverage, particularly those not in formal employment.
- Income support measures, including allowances and employment models, vary widely in generosity, eligibility criteria and design, with some systems posing risks such as incentive traps or undeclared care work.
- Health and well-being of unpaid carers are often at risk, with insufficient measures in place to monitor and protect their physical and mental health.
- Emotional and social needs are frequently unmet, as caring responsibilities can lead to loneliness, isolation, and the erosion of carers’ personal identity and development.
- Young carers remain largely invisible in national frameworks and often fall outside the scope of mainstream policies. Their situation requires targeted strategies, improved data collection and sustainable support beyond pilot projects.

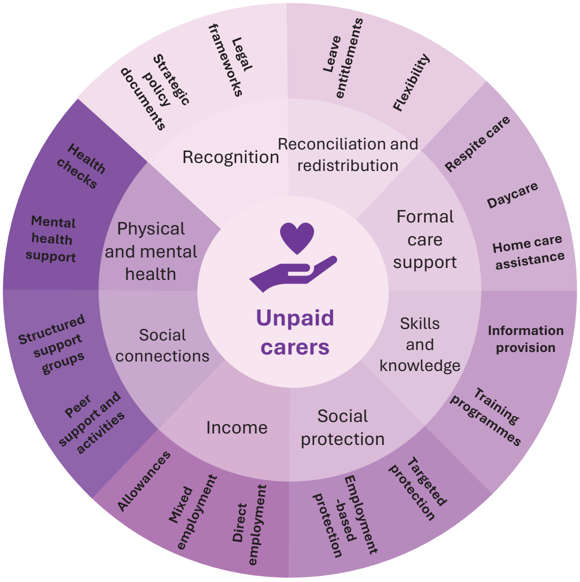
4 Support for unpaid caregivers

This chapter analyses existing support and policies available to unpaid carers across the EU, building on the work done by Eurocarers on the same topic ([13]). The discussion is structured around seven fundamental needs of unpaid carers mentioned in Chapter 3:

1. Recognising and defining unpaid carers
2. Facilitating the reconciliation of care with employment and personal life
3. Improving access to community-based support services
4. Providing access to information, education and training;
5. Safeguarding social protection rights
6. Ensuring adequate income
7. Protecting the health and well-being of unpaid carers

For each need, a set of examples of policy interventions is presented. The types of policy solutions identified are listed in the outer circle of the policy wheel (see Figure 2, repeated again below), and primarily derived from the Member State-level contributions of the Network of Eurofound Correspondents, with additional desk research complementing the analysis.

Figure 2: Policy wheel regarding support for unpaid carers



Source: *Eurofound*

It is important to note that certain policies may cover several needs of unpaid caregivers. For the sake of clarity and coherence, deliberate choices have been made when categorising interventions under specific needs. In addition, this mapping should not be considered exhaustive but rather illustrative of current policy implementation.

The chapter takes a holistic approach to the population of unpaid carers, examining young carers as the only specific subgroup for which a separate section is included. While policy measures often cover different types of care (including childcare and long-term care), the analysis does not separate these distinct categories. For detailed analyses of long-term care or childcare, refer to Eurofound's existing research work (Eurofound, 2020a, 2020b, 2022b, 2023, undated). A dedicated section of this chapter focuses on how new technologies and the digital transition can support unpaid carers.

Recognition and definition of unpaid carers

A fundamental priority in meeting the needs of unpaid caregivers is to recognise the value of unpaid care and to increase its visibility ('Recognition' in the policy wheel; see Figure 2). This requires defining, monitoring and measuring unpaid care, which are complex tasks given the nature of care, as discussed in Chapter 1. The misalignment between the provision of care and its recognition can lead to significant under-reporting of the phenomenon and the underutilisation of available support services. A well-defined legal framework helps bridge this gap by providing clear criteria for what constitutes unpaid care, facilitating better identification of and support for both carers and care recipients.

A general remark is that definitions of unpaid carers in many policy frameworks often do not explicitly include routine childcare responsibilities. This distinction exists because parenthood is typically addressed through dedicated and separate policy mechanisms. Frameworks that tackle unpaid care typically focus on significant care needs arising from illness, disability or age-related conditions, which also include exceptional childcare situations, such as caring for children with disabilities or serious illnesses.

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(13) The classification is adapted from Eurocarers (2019).

Definitions at the EU level

Various definitions of unpaid carers exist across policy frameworks. At the EU level, the work–life balance directive (Directive (EU) 2019/1158 of the European Parliament and of the Council) provides one such definition, though it is specifically focused on working carers. In Article 3, the directive defines a carer as a worker who (alongside their paid work) provides personal care or support to a relative, or to a person who lives in the same household as the worker, and who is in need of significant care or support for a serious medical reason, as defined by each Member State. In the context of the directive, a relative means a worker's son, daughter, mother, father, spouse or, where such partnerships are recognised by national law, a partner in a civil partnership.

National-level legal definitions

At the Member State level, there is a trend towards legally defining and supporting unpaid caregivers, with recent legislation enacted or updated in countries like Greece (2021), Croatia (2022), Cyprus (2022), France (2023), Lithuania (2023), Slovenia (2023) and Portugal (2024), following the work–life balance directive. Some countries, such as Italy and Latvia, despite already having some legal definitions in place, are further assessing the viability of alternative legislative approaches.

Despite this progress, the inclusion of a formal and adequate definition of unpaid care varies significantly across Member States. According to the information retrieved through the Network of Eurofound Correspondents, and as represented in Figure 14, 20 Member States have, to a certain extent, formal legal definitions of unpaid carers, while 7 Member States report no such definitions (Austria, Bulgaria, Denmark, Estonia, Hungary, Ireland and Latvia) (14). Where present, these definitions typically serve one of two purposes: in most cases, they are linked to specific policy measures, tailored to address aspects related to the support of care provision (substantive legislation); less commonly, as seen in Belgium, they belong to a broader policy framework where the primary objective is the comprehensive recognition of care itself (declaratory legislation). While this report focuses mainly on national-level policies, in several countries, for example Belgium and Italy, policy frameworks for unpaid carers are also established at the regional level.

It warrants mention that several organisations and initiatives, including Eurocarers and the Mutual Information System on Social Protection, have conducted exercises to map how unpaid carers are defined across the EU, reaching similar conclusions to those presented in this report. Marginal differences are due to different analytical approaches, target scopes of review and points of entry in examining the relevant laws. Such differences highlight definitional challenges and the possible need for a discussion on promoting a coordinated, harmonised approach to defining and classifying unpaid care work across the EU. This would improve the collective efforts to study the phenomenon and promote data comparability to provide better evidence for policymakers and stakeholders.

Definitions vary across Member States

Where present, the definitions of unpaid caregivers show both commonalities and significant variability between Member States. Unpaid caregivers are generally described as individuals who provide regular, non-professional care to family members, relatives or someone else close to them who requires assistance due to illness, disability or an age-related condition. Most of the national-level legislation emphasises care provision within the home environment of the care recipient. Commonly, caregivers are identified as immediate family members, including spouses, parents, children, siblings and grandparents. However, several countries have adopted more inclusive definitions. Cyprus, Luxembourg and Sweden, for instance, extend their definition to include household members such as partners or cohabitants. Other countries, like Belgium, Germany, Finland and the Netherlands, also include non-relatives who do not necessarily co-reside with the care recipient, such as close friends or individuals who have established a significant relationship of trust with the care recipient. Several Member States have already recognised the shift in care patterns, and their definitions of unpaid care reflect the fact that while care needs in the EU will increase, the pool of people who can potentially provide this care will also expand from the nuclear family to friends and neighbours, as well as members of the wider community.

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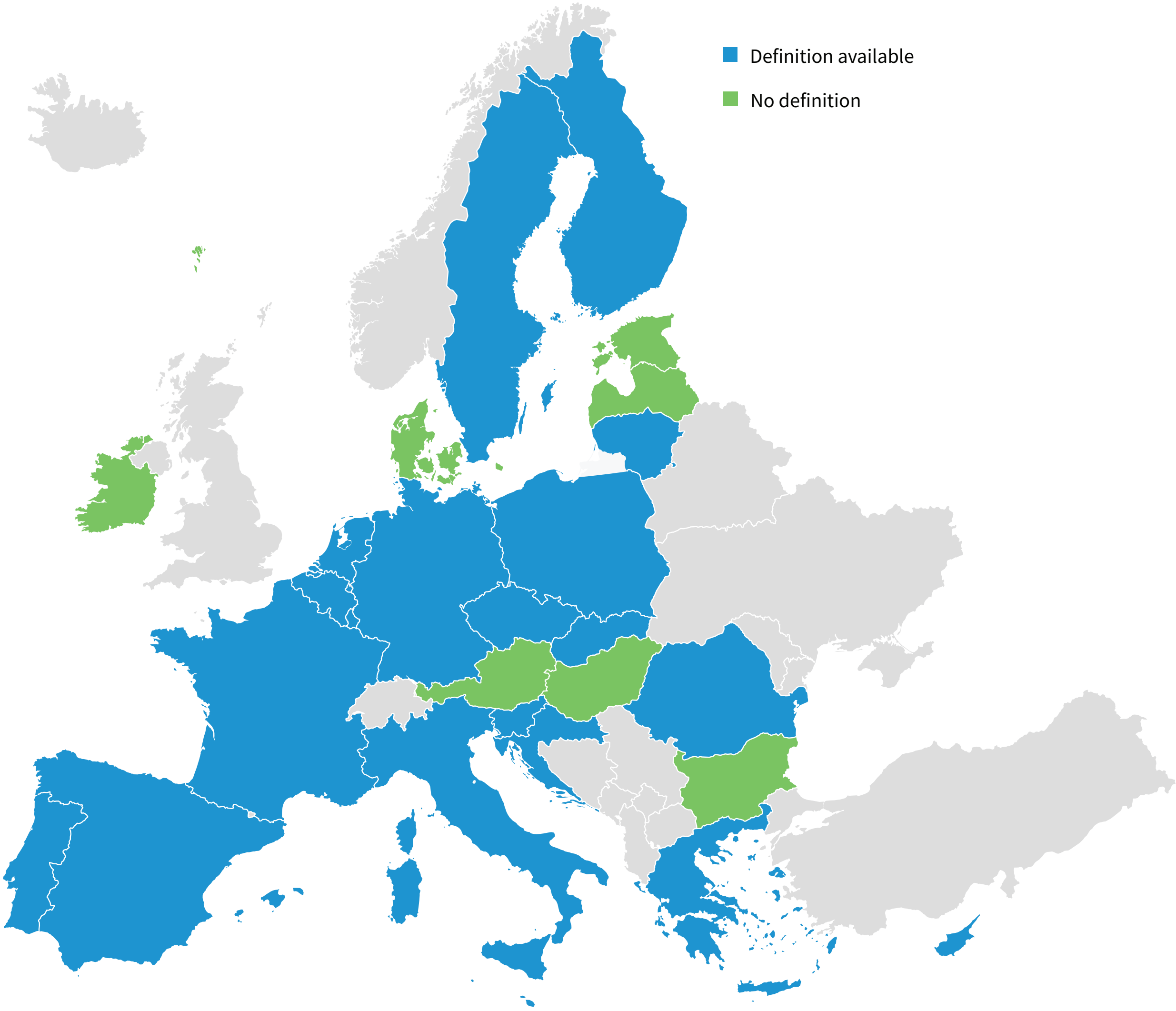
(14) In this report, we use the term 'unpaid carers' throughout, while the original Network of Eurofound Correspondents questionnaire used the term 'informal carers'. Both terms refer to the same group of people, defined in the same way. The term 'unpaid carers' was used in the report to enhance clarity for readers, but this change to terminology does not affect any substantive findings or analysis derived from the information gathered from the Network of Eurofound Correspondents.

Figure 14: Map of unpaid carer definitions



Source: *Eurofound analysis of Network of Eurofound Correspondents' contributions*

Differences in care needs and recognition criteria

Somewhat unsurprisingly, descriptions of care needs are also different across Member States, as they are related to the definition of unpaid care and carers. Some are narrow and specific, while others are broader and more inclusive. For example, in Italy, Slovakia and Slovenia the definitions focus on (severe) disability, long-term needs and high levels of independent living impairment. Policies in Austria, Belgium and Germany either do not specify or refer to care needs related to general health issues, including physical, cognitive or psychological limitations. Parenting and childcare are either implied or, when mentioned explicitly, linked to additional caring necessitated by a developmental or other disability of the child. Typically, the care provided includes assistance with daily activities and personal care as well as support for individuals with physical, mental or psychological conditions. Certain Member States have incorporated time requirements to qualify for recognition as an unpaid caregiver. For example, legislation in Germany stipulates at least 10 hours of care per week, distributed over at least two days. Similarly, Luxembourg requires care to be provided regularly, with a minimum frequency of once per week.

Table A1 in Annex 1 provides a comprehensive overview of definitions in unpaid care legislation across the EU. It details whether each country has adopted a formal legal definition of unpaid care, the relevant laws, the terminology used for unpaid carers, the definitions of carer and unpaid care, the basis of caring relationships, types of care provided and the year the legislation was enacted.

Facilitating the reconciliation of care with employment and personal life

Many unpaid carers face difficulties balancing caregiving responsibilities with their paid work commitments ('Reconciliation and redistribution' in the policy wheel), as discussed in Chapter 3. The most common policies that promote work–care balance provide workplace flexibility, such as carers' leave, flexible working arrangements and teleworking options. Adequate support systems can enable unpaid caregivers to maintain paid employment, which offers multiple advantages and may help mitigate the potential negative impacts of caregiving responsibilities (Lafferty et al., 2023).

Paid work provides caregivers with financial stability, opportunities for social interaction and respite from caregiving duties. It also helps maintain self-esteem, professional identity and workforce skills. Research indicates that employed caregivers often report lower levels of depression and higher quality of life than carers who leave the workforce due to caring responsibilities (Eurofound, 2015, 2017; O'Neill et al., 2022). However, these positive effects also depend on non-regulatable elements of paid work, such as working culture and informal flexibility, enabling ad hoc adjustments to working arrangements through idiosyncratic deals with managers and co-workers, which allow carers not only to modify hours and tasks as needed, but also to feel understood and supported in the workplace (Fahy et al., 2025). Furthermore, positive outcomes from reconciliation policies also depend on external support services, including respite care and counselling, as well as access to affordable and high-quality childcare, and other essential support services.

Strengthening care support through the work–life balance directive

At the EU level, the work–life balance directive has signalled a shift towards greater acknowledgement of and support for caring responsibilities by introducing minimum flexible working arrangements, care-related leave and workplace accommodations across the EU. The provisions of the work–life balance directive not only acknowledge the vital role of unpaid carers but also seek to promote a more sustainable model of care that can adapt to demographic changes and the increasing demand for care while allowing people to stay in employment. This has further implications, as unpaid caregivers who participate in paid work can contribute to occupational pension funds, another cog in the mechanisms essential to sustain an ageing society (di Torella and Masselot, 2020).

The work–life balance directive has introduced four essential measures in this regard.

1. **Parental leave (Article 5).** Each parent has an individual right to at least four months of parental leave, with two months being non-transferable and compensated at an 'adequate level', with the specific level determined by each Member State. This leave must be taken before the child turns eight, set by each Member State or by collective agreement. Workers have the right to request to take parental leave in flexible ways, such as working part-time or alternating periods of work and leave.
2. **Paternity leave (Article 4).** Fathers are entitled to at least 10 working days of leave around childbirth, compensated at least at the level of sick leave. Member States can determine whether and under what conditions paternity leave can be taken in flexible ways. The right to paternity leave cannot be subject to a length of service qualification; however, payment may be subject to a period of previous employment, not exceeding six months before the expected childbirth.
3. **Carer's leave (Article 6).** Employees are entitled to a minimum of five working days of carer's leave each year to provide care or support to a family or household member who requires significant assistance due to a serious medical condition. Payment for carer's leave is not mandated but Member States are encouraged to consider implementing such a provision.
4. **Flexible working arrangements (Article 9).** The directive highlights the significance of flexible working arrangements for working parents with children up to at least eight years old, as well as for all caregivers. This encompasses the right to request reduced working hours, flexible schedules and adaptability in the workplace.

Despite its intentions and general positive influence, the work–life balance directive has a number of shortcomings, and there has also been some criticism from activists and civil society groups of its true effectiveness. Regarding the shortcomings, the directive does not cover domestic workers and atypical workers, such as those with precarious contracts and self-employed workers who also have caring responsibilities, leaving them in vulnerable situations and without access to the same provisions. The directive also adopts a narrow scope of applicability, leaving outside the scope parents or carers who are in partnerships not recognised under certain national laws, as well as friends and neighbours, who are and will be more and more relevant to the future of unpaid care, as discussed in the introduction.

The work–life balance directive also seeks to establish a more equitable distribution of caregiving responsibilities and risks between genders. However, even with the legal improvements of the work–life balance directive, economic and cultural factors can still hinder progress towards gender equality in unpaid care. Traditional gender roles, in particular, can discourage men from taking care leave and sharing caregiving responsibilities. Recent data from the ESS, collected between 2023 and 2024, on public attitudes towards mandatory equal parental leave reveal significant variations across Member States (see Table 8).

While Portugal demonstrates the strongest backing for such measures among women, Cyprus records the highest average backing across women and men, with a minimal difference between the two. Austria shows the lowest support among women, at 33 %, and men, at 27 %. A consistent gender disparity emerges across nearly all countries surveyed, with women generally expressing higher support than their male counterparts, though the gap varies from negligible in Cyprus, Hungary, Slovenia and Finland (under 2 percentage points) to over eight percentage points in Portugal, Ireland, Spain and Slovakia.

Support through national-level legislation

When it comes to national-level legislation, a distinct pattern emerges in how Member States approach the reconciliation of unpaid care with work and personal life. Many laws focus primarily on supporting employed caregivers who provide unpaid care only for family members with significant care needs. This often includes spouses/partners, children, parents and sometimes siblings or extended family. Friends and neighbours are not mentioned in any of the measures reported. Many policies focus on situations where the care recipient has severe or critical needs, requiring substantial support from the caregiver. Reconciliation policies also address childcare, recognising the significant demands it places on carers.

Across all types of unpaid care, the most prevalent support mechanism is a leave entitlement, ranging from a few days to several months (or even years in some cases). This leave can be paid (usually partially, through state or social insurance) or unpaid. Sometimes, it is paid for the first portion of leave and then pay decreases or eventually stops. In most cases there are legal minimum requirements for the length and payment of leave, and these can be extended or increased on the basis of a mutual agreement between employee and employer or set in a collective agreement.

Table 8: Share of population in favour of a legal measure that requires both parents to take equal periods of paid leave to care for their child, 2023 and 2024 (%)

Member State	Women	Men	Difference
Portugal	81.0	70.3	10.7
Cyprus	79.4	78.9	0.5
Spain	78.0	69.1	8.9
Greece	75.8	69.8	6.0
Ireland	72.7	63.4	9.3
Italy	72.5	66.9	5.6
Belgium	70.6	64.5	6.1
France	65.1	60.3	4.9
Croatia	65.0	58.4	6.6
Poland	62.4	57.8	4.7
Slovakia	61.2	52.7	8.6
Finland	52.8	51.4	1.4
Netherlands	52.7	46.0	6.7
Lithuania	52.7	49.3	3.4
Hungary	49.5	48.4	1.1
Slovenia	46.5	45.4	1.2
Germany	42.7	36.4	6.3
Sweden	37.6	30.1	7.5
Austria	32.6	26.7	5.9
Average	**60.5**	**54.6**	**5.9**

Notes: *Darker shading represents higher levels of support for equal parental leave requirements and, in the difference column, greater gaps in support between women and men. Data are based on the ESS survey question, 'To what extent are you in favour or against a legal measure that requires both parents to take equal periods of paid leave to care for their child?' Data were taken from the sum of the answers 'strongly in favour' and 'somewhat in favour'. 'Difference' is the value for men subtracted from the value for women. At the time of compiling this report, data were available for 24 countries. As a result, Bulgaria, Czechia, Denmark, Estonia, Latvia, Luxembourg, Malta and Romania are not included in the dataset.*
Source: *Eurofound analysis of microdata from the 11th round of the ESS (2023/2024), weighted*

Overall, there is significant variation in the generosity of support across different Member States, with the work–life balance directive having harmonised, albeit with some difficulties, the minimum provisions of parental and care leave. This includes the length of leave, pay level (if any) and eligibility criteria. For example, while Cyprus, Denmark, Hungary and Poland adopted the minimum requirement of five days of unpaid care leave established by the directive, Estonia pays the five days at the minimum wage rate.

Types of reconciliation measures and funding models

To better summarise and analyse the available support mechanisms for reconciling unpaid care and paid work at the Member State level, policies can be divided into two categories.

1. **Leave-focused measures** prioritise leave entitlements as the primary support given to balance paid work and caring responsibilities. These can be divided into three subcategories.
   - **Emergency leave** refers to the right of caregivers to take time off paid work at short notice to address unforeseen crises or urgent situations. Many countries have formal provisions in place for emergency leave, primarily focused on childcare, but in some cases extended to cover the needs of older relatives requiring care. Emergency leave is also included in Article 7 of the work–life balance directive, establishing that each employee has the right to time off from work on grounds of *force majeure* for urgent family reasons in the case of illness or accident making the immediate attendance of the worker to the crisis indispensable. Member States can limit this right to a certain amount of time per year or by case, or both.
   - **Short-term leave** typically allows caregivers to take a brief period off paid work to organise necessary care arrangements following an emergency. This type of leave provides the flexibility needed to set up essential support systems for a dependent family member. In several countries, short-term family leave is legally defined, mostly in relation to childcare, but it may also apply to caregiving for older adult relatives.
   - **Long-term leave** refers to an extended paid or unpaid break from work, lasting anywhere from a few months to several years. This type of leave allows caregivers to focus fully on their caring responsibilities, with the assurance that they can return to their job once the leave concludes. Some countries have made this leave available through statutory provisions.
2. **Flexibility-focused measures** are alternative or complementary entitlements that allow an employee to balance unpaid caring activities with ongoing work commitments without either partially or fully exiting the workforce. They can be of two types.
   - **Work adjustments and flexibility** refer to changes to working arrangements, such as modifying working hour patterns, taking advantage of teleworking options or adjusting workload, to allow unpaid caregivers to fulfil both their caring and their professional responsibilities.
   - **Hours reduction (part-time work)** refers to the option of reducing working hours, typically through part-time work, to allow caregivers to dedicate more time to providing care.

The funding for these measures can be categorised into three types.

- **State funded.** Benefits are paid through social protection schemes or other state mechanisms.
- **Employer funded.** Leave may be paid or unpaid, but the cost is borne by the employer.
- **Shared funding.** Costs are split between the state and the employer.

However, in several Member States, some support measures remain unfunded, leaving carers to shoulder the costs. This situation increases financial pressure and may limit the use of available support, further intensifying existing caregiving challenges.

In Table 9, a selection of examples of policies aimed at facilitating the reconciliation of care with employment, following the classification presented above, is provided.

A shortcoming in many Member States' national policies, as for the work–life balance directive, is the partial or total lack of coverage for self-employed, domestic and atypical workers. In turn, the literature has shown that self-employment, but also part-time and atypical work, is often chosen to reconcile work and care, especially in eastern European countries (Eurofound, 2018). Steps towards the inclusion of a wider group of unpaid carers have been made, for example in Portugal, where in 2012 mandatory coverage (with exemptions under certain conditions) for unemployment insurance was extended to self-employed workers. In addition, the country has extended sickness benefits and care allowances for all self-employed workers (ISSA, 2024).

Innovative parental leave policies

A special mention regarding reconciliation policies should be made about maternity leave, paternity leave (available to fathers or same-sex partners or co-parents in some Member States) and parental leave. Some interesting features of these entitlements have been introduced in several Member States: in Denmark, up to 13 weeks of parental leave can be transferred by single parents to close family members; in Lithuania, Poland and Slovakia, policies for multiple births have been extended or adapted; in Portugal, initial parental leave is compensated at a higher rate if the father takes at least 60 consecutive days, or two periods of 30 consecutive days, after the mother returns to work (with payment increased to 90 % of earnings); and Sweden makes specific provision for migrant parents of children under the age of 12 years, endowing them with 200 days of paid leave for children over 12 months and

Table 9: Examples of policies facilitating the reconciliation of care with employment, classified by the type of support and funding

Funding source	Type of support	
	Leave focused	Flexibility focused
State funded	**Austria.** *Pflegekarenz* (nursing care leave): paid leave for employees for up to three months (through agreement between employee and employer) or four weeks (legal right) for care of close relatives receiving care allowance (2020 and 2014, respectively). There were 2 132 beneficiaries in 2022, including those on family hospice care leave to care for the dying. **Estonia.** *Hoolduspuhkus* (carer's leave): five paid days per year for employed caregivers of adults with profound disabilities (2018). **Italy.** *Legge-quadro per l'assistenza* (Assistance Framework Law): three paid days per month or two years of paid leave for care of severely disabled family members or cohabitants (1992). There were 485 277 beneficiaries in 2022.	**Croatia.** *Rad s nepunim radnim vremenom zbog pojačane njege djeteta* (part-time work due to increased childcare): This allows an employed or self-employed parent of a child with severe developmental disabilities to work part-time and receive salary compensation for the reduced hours (2022).
Employer funded	**Netherlands.** *Wet Arbeid en Zorg* (Work and Care Act): paid emergency leave can last anywhere from a few hours to a few days, depending on the situation, for very urgent, unexpected or special personal situations.	
Mixed funding	**Luxembourg.** Congé d'aidant (caregiver leave): five days or 40 hours of paid leave per year to care for a family member or household member with serious medical needs. The state covers 50 % (2023).	
No funding	**Finland.** *Omaishoitovapaa* (carer's leave): up to five days' unpaid leave per year for care of relatives or close people requiring immediate care due to serious illness. The debate on whether the measure should become paid leave is ongoing.	**Czechia.** Act No 262/2006 Coll: employers must consider adjusting or shortening working hours for employees providing long-term care for a dependent.

Source: *Eurofound analysis of Network of Eurofound Correspondents' contributions*

100 days for children over 24 months (see Dobrotić et al., 2024, providing a comprehensive review of maternity, paternity and parental leave). These innovative features are designed to improve the effectiveness of such leave entitlements by considering diverse family arrangements and needs, and promoting more equal sharing of the childcare burden. Research has consistently demonstrated the positive relationship between paternal leave and fathers' involvement in childcare, suggesting that policies promoting dedicated paternity leave and non-transferable parental leave can challenge traditional gender roles in family arrangements, providing fathers with both the opportunity for involvement and the social signal that their involvement in childcare is expected and valued (Boll et al., 2014; Reich et al., 2012). For example, Icelandic fathers who are entitled to three months' paternity leave were more engaged than Spanish fathers, who can only access 13 days. Still, in both cases, paternity leave is associated with more active participation in childcare (Arnalds et al., 2022).

Improving access to community-based support services

Services in the community are essential in helping carers manage their responsibilities and needs, including protecting their own physical and mental health, and protecting their personal and professional lives ('Formal care resources' in the policy wheel). Ensuring that carers have access to services to relieve the burden of caregiving is also beneficial for those receiving care. However, access to these services is not always straightforward, and various barriers can prevent carers from utilising them.

Three main types of community-based services are the most commonly offered to support unpaid caregivers and those they care for.

Respite care: temporary relief for caregivers

Respite care allows unpaid carers to take breaks from their caregiving responsibilities by helping them find a temporary replacement. Some Member States, like Finland, Germany and Poland, have national policies in place to provide respite care. Others, such as Denmark, delegate the responsibility to municipalities, and some provide it through intermediary support organisations, as in Belgium (specifically in the Flanders region). Eligibility criteria can also vary, often depending on the care recipient's needs and the caregiver's relationship with the care recipient. In many cases, respite care is only given for very severe care needs or when unpaid care is provided with a very high intensity in terms of hours and days. In other instances, respite care eligibility is linked to care allowances. Needless to say, this approach might leave a large portion of potential candidates for respite care without access to this measure.

Funding mechanisms for respite care also differ. Financial support can be provided directly to carers through grants or state insurance, as seen in Austria and Germany, to cover the cost of replacement care. In other cases, the respite care service is directly provided and sponsored by the state or local government, as in Denmark and Poland. The reasons for accessing respite care can also be specified or left general: in Germany, for example, vacation, illness and appointments are mentioned as justifications for accessing the service.

Looking at the detailed formulas for respite care across Member States, there is considerable variation:

- **Austria:** Care grants ranging from EUR 1 200 to EUR 2 200 (with additional support for carers of minors or people with dementia) for up to 28 days annually.
- **Finland:** A systematic approach requires a formal 'caregiver contract', guaranteeing at least two days of monthly respite, depending on care intensity.
- **Germany:** More flexible arrangements covering periods from a few hours to several weeks, with a maximum funding of EUR 1 612.
- **Lithuania.** is capped at 720 hours annually per family, with possible extensions for exceptional circumstances, and a co-funding mechanism is in place.
- **Poland.** There is a differentiation between day respite (240 hours maximum covered) and 24-hour care (14 days maximum covered).
- **Slovakia.** Respite care is allowed for up to 30 days annually, with a new pilot project specifically supporting parents of disabled children for a maximum of 360 hours yearly.

Despite the wide range of offerings, several common barriers to accessing respite care have been identified across the EU, including reluctance to use unfamiliar carers; insufficient availability of qualified substitutes; inadequate funding; potential beneficiaries not being aware of the opportunity; and geographical disparities in service distribution, particularly affecting rural areas. The implementation challenges are evident in uptake rates: for instance, in Lithuania, while 35 out of 60 municipalities implemented the respite care programme, 14 reported no uptake of the service.

In general, there are little to no data on the uptake and impact of these measures, making it difficult to make a case in support and to distinguish between more and less successful formulas. Furthermore, shortages of nurses and other trained caregivers also affect respite care, limiting the number of trained and skilled workers taking up these roles, and as a consequence limiting the opportunities for respite care uptake (Cedefop, 2023; Eurofound, 2020b).

Daycare centres: structured daytime support

Daycare centres offer a structured environment for care recipients to receive care and support during the day. Daycare centres primarily serve older adults and those with disabilities who require assistance with activities of daily living. These types of services offer a structured and professional service, allowing those in need of care to receive adequate support, but also allowing their unpaid carers to dedicate time to other activities. In Spain, daycare centres provide essential respite for caregivers while offering recipients social interaction and stimulation, usually from 9:00 to 17:00, five days a week. As of 31 December 2022, Spain had 105 447 places available in 3 545 public and private daycare centres. In these centres, 68.7 % of users were women, and 66.5 % were over 80 years old, while the annual cost per user was calculated at EUR 10 159.50. One example of these daycare centres is the Queen Sofia Foundation Alzheimer Centre, a specialised facility in Madrid with 40 places, managed by the Department for Social Services and Social Integration of the regional government of Madrid. Like respite care, funding models for daycare centres vary. While both public and private options exist, availability and affordability can be a concern, alongside geographical accessibility and logistical challenges such as transport.

Home care assistance: support in the domestic environment

Home care assistance, one of the most common support actions, includes various services provided in the home environment, such as nursing care (for example, medication administration, wound care), personal care (for example, bathing, dressing) and domestic support (for example, meal preparation, cleaning and grocery shopping). The specific services offered can vary depending on the Member State and the care recipient's assessed needs. Access to home care assistance can be obtained through public healthcare systems or private providers (often non-profit organisations partially funded by national or local public budgets), or a combination of both. One interesting combination can be seen in Hungary: since the early 1990s, village caretakers have been instrumental in supporting unpaid carers in rural areas, particularly in villages with fewer than 1 000 inhabitants.

Through state-funded, full-time caretakers equipped with dedicated vehicles, essential support is provided, including medical transport, food delivery and school transport. As of 2023, the programme employed 1 493 caretakers serving 1 409 eligible localities, demonstrating significant coverage. The programme requires caretakers to complete basic training within their first year of employment. This ensures a minimum standard of care while maintaining accessibility, with the modest educational requirement of completing primary schooling. As seen for many other programmes across policies supporting unpaid caregivers, this one tries to combine care needs with the formal employment of the carer, which in this case is supported by a shared resource within the community.

Providing access to information, education and training

Carers often need specialised knowledge and skills to provide adequate care and handle specific challenges related to certain illnesses or disabilities, but they also need specialised knowledge and skills related to the impact of caring on their mental and physical well-being (‘Skills and knowledge’ in the policy wheel). Policy measures that offer access to information, training programmes and professional advice empower carers to perform their roles more effectively while supporting a positive caring experience, and avoiding caregivers’ physical and emotional exhaustion. These measures not only empower caregivers to make informed decisions for those they care for and for themselves, but also help carers manage challenging situations with greater confidence. Training is also crucial for helping carers re-enter the labour market and ensuring the skills they develop during their caregiving are formally recognised.

To address these needs, several strategies and tools are available for implementation.

Information and counselling services for carers

Information provision includes initiatives that provide caregivers with readily accessible information on various aspects of caregiving, on a variety of topics. The information can be shared through different channels and in different formats.

- **Government web portals.** *Wege zur Pflege* of Germany provides a comprehensive online platform for older adults’ care, including information on the care system, support measures available for carers and care recipients, and a dedicated hotline. This resource is run by the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth.
- **Information guides and materials.** Guidance for unpaid informal carers of older people was established in 2024 in Croatia and provides practical advice, contact information and details about support services available for unpaid caregivers. It is co-financed by several public institutions with health-related mandates.
- **Counselling and advice.** In the Netherlands, independent client support workers are available to all unpaid carers, funded by municipalities. These professionals provide information, advice and short-term assistance; help determine eligibility for support through ‘kitchen table conversations’; assist with long-term care applications under the *Wet langdurige zorg* (Long-Term Care Act); and help arrange and coordinate care services.

Training programmes to strengthen caregiving skills

Training programmes aim to equip caregivers with the practical skills and knowledge required for effective and safe caregiving. They cover many topics, from basic nursing skills to specialised care for specific conditions. Training programmes can also be oriented towards formalising care skills to support reintegration into the labour market, allowing carers to translate their unpaid care experience into recognised professional qualifications. This, in turn, could have a positive effect on the caring economy, helping to address the workforce shortage in the care sector.

Despite the broad benefits of training, several barriers are present, including geographical barriers (with training less common in rural areas), lack of information, scheduling and logistical barriers to attendance, financial hardship, people’s lack of self-identification as carers and insufficient recognition of unpaid care work (Eurocarers, 2017b). For example, a recent survey in Portugal highlighted that 70 % of unpaid caregivers reported not receiving any training, suggesting there may also be an awareness or accessibility issue. The remaining 30 % reported receiving training in general older adult care, focused on hygiene and comfort (66.7 %), and in health management, including wound care, incontinence care and catheter maintenance (46.7 %) (Carvalho, 2021).

Training can exist in different forms, including formal caregiver courses, specialised training workshops and competence development programmes.

- **Formal caregiver courses.** In Austria, organisations such as Caritas offer structured courses covering everyday nursing activities, fall prevention, mobilisation techniques and other relevant skills. These courses are often subsidised by the government, but costs to the carer for each training module are around EUR 15, with grants available for up to EUR 200 per person in a year. In some instances, this training is compulsory for unpaid caregivers. For example, in Slovenia, as part of the requirements in the Long-Term Care Act of 2023, carers of family members who leave the labour market to care for a relative, and receive a carer allowance, are required to complete 30 hours of training initially and 20 hours of training every three years thereafter.

- **Specialised training workshops.** The Cyprus University of Technology conducts workshops specifically for families and unpaid caregivers of individuals with Alzheimer's disease and other forms of dementia. In Denmark, the association Bedre Psykiatri offers a 'relative course' to help relatives of people with mental illness handle the challenges of caregiving; this training is funded by the government in cooperation with a private insurance company. As of 2023, 800–1 000 people had attended the courses, and by 2026 it should have the capacity to enrol approximately 3 000 people each year.
- **Competence development programmes.** The 'RAITI' project in Latvia includes a comprehensive competence development programme for unpaid caregivers who take care of a person with functional disabilities in their daily life, covering areas like medicine and care, communication, home environment adaptation, self-care, and legal rights and responsibilities. Developed in 2023, in its piloting stage it supported 100 caregivers in developing their competence.

Peer support and group-based activities

Peer support and group activities can provide emotional support, practical advice and a sense of community for caregivers, combating social exclusion, isolation and loneliness on top of providing access to essential information. Participation in support groups and activities also promotes civic engagement among unpaid caregivers and amplifies their collective voice (Varik, 2022). Examples include the following.

- **Caregiver cafes.** In Belgium, recognised caregiver associations organise 'caregiver cafes' – social gatherings where caregivers can connect, share experiences and access information in a friendly and informal setting, allowing caregivers to extract themselves from the sometimes very demanding care environment.
- **Support groups.** In Estonia, support groups for caregivers of people with dementia provide emotional support, practical advice and a sense of community. Overall in Estonia in 2022, 30 support groups covering all counties registered 574 participants (Varik, 2022). According to the Population Care Burden Survey, 4 % of caregivers belong to a support group, while 11 % of caregivers are interested in belonging to a support group (Vainu et al., 2022), highlighting a potential accessibility issue. This might be particularly true for those living in rural areas, where fewer opportunities to engage with support groups are available.
- **Thematic meetings and lectures.** In Poland, the Wola district municipality (Warsaw) collaborates with non-governmental organisations to organise support programmes that include thematic meetings, lectures by specialists and individual consultations with psychologists.

Safeguarding social protection rights

The loss of social protection represents a significant additional hidden cost for unpaid carers ('Social protection' in the policy wheel). This cost primarily concerns lost pension entitlements, but may also include lack of access to health and accident insurance. Some policymakers and advocacy groups argue that time spent caring for others should count towards fulfilling social, health and accident insurance requirements. While many Member States are beginning to acknowledge these needs, the approaches and comprehensiveness of these protections vary significantly. It is also important to stress that since women are more likely than men to provide unpaid care and reduce or leave employment to fulfil caregiving duties, whether for childcare or long-term care, they face a higher risk of poverty and social exclusion, as discussed in Chapter 2 (EIGE, 2023). Furthermore, their contributions to caregiving often remain undervalued and under-recognised, with the issue of safeguarding their social protection rights left at the margins of the policy debate (Eurocarers, 2024a; Thissen and Mach, 2023).

Social protection for unpaid carers can be safeguarded through additional benefits specifically designed for them (targeted protection), such as social protection contributions or pension credits, or by recognising caregiving responsibilities as formal employment, thereby granting caregivers the standard protections and benefits associated with traditional work relationships (employment-based protection).

Across the EU, some interesting examples have been identified, as reported in Table 10. Some of these are well established and some more recent, with Austria, Czechia, France and Luxembourg all implementing mechanisms to safeguard caregivers' retirement rights, though through different approaches. For example, Austria's approach stands out for its comprehensiveness, offering pension and health protection through formal employment relationships, expanded in 2024 beyond family members to 'confidants and persons of trust'. While the example provided refers to a specific policy in Burgenland, a similar approach is present at the national level. In particular, when unpaid carers are not covered by social protection in any other way, they can be granted free pension and health protection financed by the Austrian Federal Ministry of Labour, Social Affairs, Health, Care and Consumer Protection. The example

Table 10: Examples of policies safeguarding social protection rights

Member State	Protection	Type	Year	Name	Description
Austria	Pension, health	Employment based	2019	Employment of caring relatives	Formalises employment relationships for family caregivers, offering financial recognition and social protection benefits. Recently expanded to include non-family members.
Czechia	Pension	Targeted	2007	Substitute time recognition	Recognises time spent caring for a close relative as a substitute period for social insurance, contributing to pension rights.
France	Pension	Targeted	2023	Old-age insurance for caregivers	Allows caregivers to validate full pension quarters for periods of unemployment or part-time work due to caregiving responsibilities.
Luxembourg	Pension	Targeted	1999	Dependency insurance	Under certain conditions, covers pension contributions for unpaid caregivers up to the minimum social wage, subject to assessment and formal declaration of need.
Netherlands	Accident	Targeted	n/a	Volunteer insurance for informal carers	Volunteer insurance applicable also to unpaid carers, covering accidents, personal belongings and liability. Provided automatically and free of charge by municipalities.

Note: *n/a = not available.*
Source: *Eurofound analysis of Network of Eurofound Correspondents' contributions*

from the Netherlands showcases a unique approach by focusing on accident and liability protection through municipal free insurance schemes, under which unpaid carers are automatically covered.

Previous research from Eurofound has also found that while childcare support during maternity, paternity and parental leave typically counts towards pension contributions (with countries like Malta having state-funded contributions), the recognition of unpaid long-term care is less common. Among the few countries that do acknowledge unpaid care in contribution records, Germany includes people who provide at least 10 hours of care weekly over two or more days to someone with qualifying care needs. In Ireland, the system recognises both recipients of the carer's allowance or benefit and those taking unpaid carer's leave for up to 104 weeks. In the Netherlands, personal care budget recipients can accumulate pension contributions, with one year of care equating to half a year of employment (Eurofound, 2024b).

When designing policies that safeguard social protection rights, policymakers should make provisions to account for the duration and intensity of care provided, with physical and mental health implications for caregivers properly weighted. In addition, these protections should be balanced against the principle of choice to provide care, with incentives that should not distort the willingness to return to employment, especially for women.

Ensuring adequate income

Caring responsibilities often come with significant financial costs, and ensuring adequate income is paramount ('Income' in the policy wheel). Some unpaid caregivers make the decision to reduce their working hours or leave their jobs entirely to meet their caregiving responsibilities. This results in an immediate loss of income and can lead to long-term financial insecurity due to reduced pension entitlements (see the previous section for a focus on social protection), slower or halted career progression, the inability to save or invest and difficulties meeting basic financial obligations, sometimes leading to debt accumulation. Furthermore, the financial burden on caregivers can be exacerbated by additional expenses related to the specific needs of the care recipient, including implementing the necessary adaptations to living environments or transport and logistics, particularly for those living in rural areas, who, for example, may need to travel long distances for appointments.

Financial support models for unpaid carers

In the EU, several financial support measures for unpaid caregivers have been implemented. These range from direct payments to caregivers, such as allowances or employment schemes, to indirect payments in the form of allowances paid to care recipients intended (also) for caregiver compensation. In some instances, a mix of both approaches is adopted, with measures based on co-financing for mixed employment models. The level of financial support varies widely: in Austria, unpaid caregivers can earn a formal monthly salary of EUR 2 000, while in Belgium municipal allowances can be as low as EUR 50 per month. Eligibility is typically based on the care recipient's level of need, often determined through standardised assessment of dependency or disability. Many programmes are also means-tested, limiting support for low-income families or individuals. In fact, it is rare to see non-means-tested financial support, with the only exception being for working carers, who may have access to paid care leave provisions irrespective of their financial situation. In Germany for example, the short-term care allowance is a wage replacement benefit provided for up to 10 days to employees who need to take time off work to care for a close relative, and it is available to all eligible employees, regardless of their income. In certain instances, caregivers are themselves required to meet specific criteria. In Austria, these criteria include proof of physical and health suitability through a medical certificate, a limit of caring for no more than two people for a total maximum of 40 hours per week, living within 15 minutes' travel time of the care recipient and a clean criminal record (specifically, no intentional criminal offences resulting in imprisonment for more than one year).

Member States that provide indirect financial support to unpaid carers may also choose whether to introduce stringent rules and requirements regarding the use of allowances. In Germany, there is little to no monitoring of whether unpaid carers receive any portion of the financial support paid to care recipients or how much they receive. Other Member States, on the contrary, link financial support to formal agreements between carers, those receiving care and local councils or municipalities. Care plans are also often used as a tool to ensure that appropriate care is given. For example, Finland adopts a structured approach with formal agreements between the caregiver and the county providing well-being services.

Regulated cash benefits offer significant protection to carers and care recipients, especially for the most vulnerable users (European Commission, 2018), but also affect undeclared care workers. It has been argued that a lack of control over cash benefits has fuelled undeclared care work, such as in Italy and Spain (OECD, 2020), where, for example, the care recipient's family may use the cash benefit to employ an undeclared care worker, often a migrant, to take care of an older dependent person (Eurofound, 2025). However, it can be difficult for authorities to control what care recipients do with cash benefits, in particular when it is not paired with care agreements or monitoring activities. Studies in Czechia and Germany have pointed out that there is often no way to ensure that the money actually gets to the unpaid carers (Arntz and Thomsen, 2010; Křížová et al., 2016).

Clearly, how cash payments are managed greatly affects the mix of formal, undeclared and unpaid care provided, with a clear preference among policymakers to avoid fuelling undeclared care work while boosting the formal care sector and encouraging people to use a combination of formal care services alongside unpaid care. By promoting a mix of care arrangements, policymakers also aim to ensure that unpaid carers can meet the needs of those they care for while preventing carer burnout and excessive burden. Unconditional cash benefits are intended to be easy to access and to give carers more freedom in how they arrange and pay for care support. However, they might inadvertently create 'incentive traps'. These can lead to unpaid carers leaving their paid employment and becoming financially dependent on the care recipient who receives the benefit. This issue highlights how difficult it is for policymakers to balance supporting unpaid carers while also ensuring that care is sufficiently regulated and of good quality.

When relatives, including close family members, are formally employed as carers through financial support schemes – either directly, like in Bulgaria, or through mixed approaches, like in the region of Burgenland in Austria – adequate contractual arrangements including fair working conditions, social protection and quality of care standards must be implemented to protect both the carer and the care recipient (Eurocarers, 2024a). Some concerns are particularly relevant when the care recipient has cognitive or mental impairments, such as dementia, intellectual disabilities or other conditions that affect their decision-making capacity. In such cases, the care recipient may not be able to fully understand or appreciate the implications of assigning a person as their caregiver, which can lead to potential conflicts of interest, exploitation or abuse. In Portugal, such consideration is explicitly mentioned for the *Subsídio de apoio ao cuidador informal principal* ('Support allowance for the main informal caregiver'), where the caregiver must be recognised by social security services as having the status of 'main unpaid caregiver'. This status requires the consent of the cared-for person, which involves the care recipient explicitly expressing their will to social protection services, confirming they understand and want the applicant to be recognised as their informal caregiver.

Another element to consider is the accessibility of financial support, which should be characterised by reduced administrative burdens and minimised waiting times between request submission and payment disbursement. A recent report from Ireland, for example, has highlighted how carers find the application processes complex and difficult to navigate, leading to stress and frustration and deterring them from applying. In addition, lengthy waiting times for applications to be processed, alongside instances of denials and appeals, are seen as additional obstacles for carers seeking timely financial assistance, adding to the stress and uncertainty (Family Carers Ireland, 2024).

Table 11 presents some examples of policies designed to support unpaid carers (as reported above), organised by type of measure, Member State, key features of the measure and impact and adequacy of the initiative.

Table 11: Examples of policies ensuring adequate income for unpaid carers

Type of measure	Member State and policy (year)	Key features	Impact and adequacy
Direct – allowances for unpaid carer	**Denmark** – *Tabt arbejdsfortjeneste* (Loss of earnings) (2005)	Financial compensation is provided to individuals caring for children under 18 with significant disabilities or illnesses at home. **Compensation.** Compensation is based on previous earnings, up to a maximum of DKK 34 055 (EUR 4 500) per month, prorated based on allocated care hours. It is financed by municipalities. **Eligibility criteria.** Compensation is available to parents or close relatives.	**Uptake.** 16 712 people received compensation in 2023. There is no waiting list, but processing time may result in waiting periods (estimated at eight weeks for larger municipalities). **Challenges identified.** As reported by a subgroup of beneficiaries interviewed (parents of children with epilepsy), the application process is complicated, the documentation requirements are very strict, and a lack of trust between caregivers and the municipalities funding the allowances is perceived.
Direct – employment models	**Bulgaria** – *Асистентска подкрепа* (Assisted support) (2021)	A structured employment scheme that allows individuals, including family members, to provide paid assistance to older adults and people with disabilities. The support covers essential daily needs such as self-care, mobility, household tasks and communication. Usually provided in the beneficiary's home, but also elsewhere. **Compensation.** The standard amount is BGN 7 016 (EUR 3 587) per person per year. **Eligibility criteria.** Eligibility is based on specific criteria for both caregivers (must be of working age, unemployed, employed or self-employed, and able to perform additional work, or inactive people) and care recipients (over 65 years old and unable to care for themselves, or people with disabilities, including children). Those employed in this scheme can be professionals, but this is not a requirement.	**Uptake.** In 2022, 19 860 users benefited from the programme. **Challenges identified.** The process is slow, leading to late inclusion of users in the programme and frequent changes of carers. Only 6 % of care providers are professionals; 94 % are non-professionals (e.g. family members).
Mixed – employment models	**Austria** – *Anstellung pflegender Angehöriger* (Employment of caring relatives) (2019)	Formal employment relationship for family carers, offering financial recognition and social protection benefits. The scheme is co-financed, partly by the regional state and partly using the care allowance attributed to the care recipient (between 60 % and 90 %). This is limited to the region of Burgenland. **Tiered employment structure.** Employment hours are based on the care recipient's needs, ranging from 20 to 40 hours per week. **Compensation.** Carers receive a net monthly income of EUR 2 000 (as of 2024) for full-time work, paid 14 times a year, based on Burgenland's minimum wage rate. **Professional support.** The model includes regular visits by healthcare professionals and accompanying training for carers.	**Uptake.** In 2023, 285 people participated in the programme. **Challenges identified.** Working hours extend beyond paid time. Difficulties are faced in arranging substitute care during holidays or sick leave. A high proportion of care allowance goes towards salary (co-financing). There is potential for caregiver overload and excessive demands. Carers face economic challenges, with some finding the salary insufficient. There are concerns about reintegration into the labour market after caregiving ends.

Type of measure	Member State and policy (year)	Key features	Impact and adequacy
Mixed – employment models	**Austria** – *Anstellung pflegender Angehöriger* (Employment of caring relatives) (2019)	**Eligibility criteria.** Requirements include medical certificates, proximity to the care recipient and background checks. The support was initially (in 2019) limited to family members, but was extended in 2024 to include 'confidants or persons of trust' such as neighbours and friends.	
Indirect – allowances for care receiver	**Germany** – *Pflegegeld* (Care allowance) (1995)	Monthly benefit paid through care insurance to individuals needing care at home. It allows care recipients to compensate unpaid caregivers or cover care-related costs. **Compensation.** Individuals receive monthly payments ranging from EUR 347 to EUR 990 depending on the level of care they receive.	**Uptake.** In 2021, 2.55 million people received the care allowance and were mainly cared for by relatives.

Source: *Eurofound analysis of Network of Eurofound Correspondents' contributions*

Protecting the health and well-being of unpaid carers

As discussed in Chapter 3, the demanding nature of caregiving can have serious consequences for carers' physical and mental health ('Physical and mental health' and 'Social connections' in the policy wheel). While several policies address these concerns indirectly, policies explicitly designed to provide unpaid caregivers access to specific health services, counselling and preventive care are less common. These interventions can be of two types.

- **Counselling and mental health support.** These services provide support and guidance in navigating caregiving challenges. In Germany, counselling services are provided through a dedicated hotline for unpaid caregivers facing critical or stressful situations. In Sweden, municipalities also offer direct support in the form of counselling to carers; however, the intensity, quality and content of such direct support may vary greatly between municipalities (Eurocarers, 2024b).
- **Health checks.** 'Caregivers health checks' (*Omaishoitajien terveystarkastukset*) have been implemented in Finland. These are voluntary check-ups typically provided to caregivers who have been in their role for at least two years, to help monitor their health and to address potential issues early on. In Ireland, since 2018, the general practitioner card has also been available to all those who receive the carers' allowance or carers' benefit. This card entitles carers to free general practitioner visits, providing an opportunity to maintain and monitor their own health while caring for others.

Supporting young carers

While earlier sections of this chapter outline the needs identified in the policy wheel, young carers represent a distinct group whose situation warrants further discussion. Young carers face specific caregiving burdens that can negatively affect their mental and physical health, emotional well-being, education and future opportunities. Yet they remain largely invisible in research and policy frameworks, often lacking formal recognition and targeted support.

It is important to note that the policy wheel framework still applies to young carers, though with specific adaptations. For instance, rather than focusing on balancing paid work with care responsibilities, for young carers, the emphasis shifts to balancing education and training with caregiving. Other dimensions of the policy wheel remain relevant but may manifest differently given the unique circumstances young carers face.

Challenges in recognising young carers

Young carers are individuals under the age of 18 who provide care or support to a person, generally a family member or a relative, but sometimes a friend, with a chronic illness, disability, frailty or addiction. Their responsibilities often exceed typical childhood expectations, involving tasks such as intensive household duties, physical and emotional care, management of finances and medication, and help with personal care or communication. The extent of their caregiving can vary, but they generally take on roles usually associated with adults, often without adequate social or legal recognition (Eurocarers, 2017a). Young adult carers are people aged 18–24, who are not minors but nevertheless can be adversely affected by their caring responsibilities during a formative part of their lives, full of important changes and choices, including study and career decisions (Boumans and Dorant, 2018).

From a policy perspective, a fundamental issue is, as it is for adult unpaid carers, the recognition and support of young carers. As young carers often work within families, the goal is not necessarily to terminate these caring relationships but to prevent inappropriate caring burdens. To achieve this, a degree of formal recognition of young carers is necessary to conduct policy interventions. The main issue is that young carers are minors and cannot be legally responsible for themselves, so being responsible for somebody else's care could be a legal hurdle. This is further complicated by legal frameworks around guardianship and consent, where decisions about the young carer's well-being may require approval from their guardian – potentially the care recipient. This legal ambiguity, coupled with societal expectations and the principles of fundamental rights dictating that children should not bear adult responsibilities, creates barriers to formal recognition and self-identification.

The lack of reliable data on young carers is another challenge to policy formulation. As a consequence, policymakers are often unaware of the scale of the phenomenon of children and teenagers caring for loved ones, the characteristics of this work and the needs of young carers. For this reason, policymakers' ability to propose adequate solutions is hindered.

Because of the lack of self-identification, limited recognition and unavailability of data, young carers remain largely invisible, even more so than adult unpaid carers, and are often overlooked in research and policy formulation. Despite these challenges, efforts are being made to understand and address the situation of young carers across Europe.

Policy and support measures for young carers

Member States can be classified following a seven-point scale of awareness and policy response to young carers, based on the work of Goodger and Kennedy (2024) and Leu et al. (2023), integrated with and confirmed by contributions from the Network of Eurofound Correspondents.

Level 1: incorporated/sustainable. This level is characterised by comprehensive awareness of young carers, and sustained policy integration addressing their needs throughout society. It features an extensive understanding of young carers' experiences and needs, and sustainable policies and interventions to promote their well-being and to foster their development, accompanied by legal frameworks with clear rights. No Member State has achieved this ideal level of integration and support.

Level 2: advanced. Countries at this level demonstrate widespread recognition and support for young carers, with dedicated policies, services and research initiatives in place. No Member State has achieved this level of integration and support.

Level 3: intermediate. This level is characterised by noticeable progress in recognising and supporting young carers, but significant gaps remain in comprehensive policies and nationwide implementation. The only Member State to fall under this category is Sweden.

Level 4: preliminary. Countries at this level have limited awareness, fragmented policies and a scarcity of dedicated services for young carers. The Member States that fall under this category are Austria, Germany, Italy and the Netherlands.

Level 5: emerging. Acknowledging young carers' needs is present, with increasing awareness and the emergence of some initiatives, but comprehensive support remains limited. The Member States that fall under this category are Belgium, Ireland, Finland and France.

Level 6: awakening. This level represents the initial stages of recognising young carers as a distinct group facing specific challenges, albeit with limited awareness and policy responses. The Member States that fall under this category are Greece, Poland and Slovenia.

Level 7: no responses. A complete lack of awareness or policy responses regarding young carers characterises this level. There is no discernible recognition of young carers as a distinct group facing particular challenges. The Member States that fall under this category are Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Hungary, Latvia, Lithuania, Luxembourg, Malta, Portugal, Romania, Slovakia and Spain. It is important to recognise that in some countries listed at this level, signals of interest, mainly from NGOs or the private sector, have been captured, but a lack of broader policy support and recognition has resulted in their allocation to this group.

Figure 15 provides an overview of levels of recognition and support for young carers.

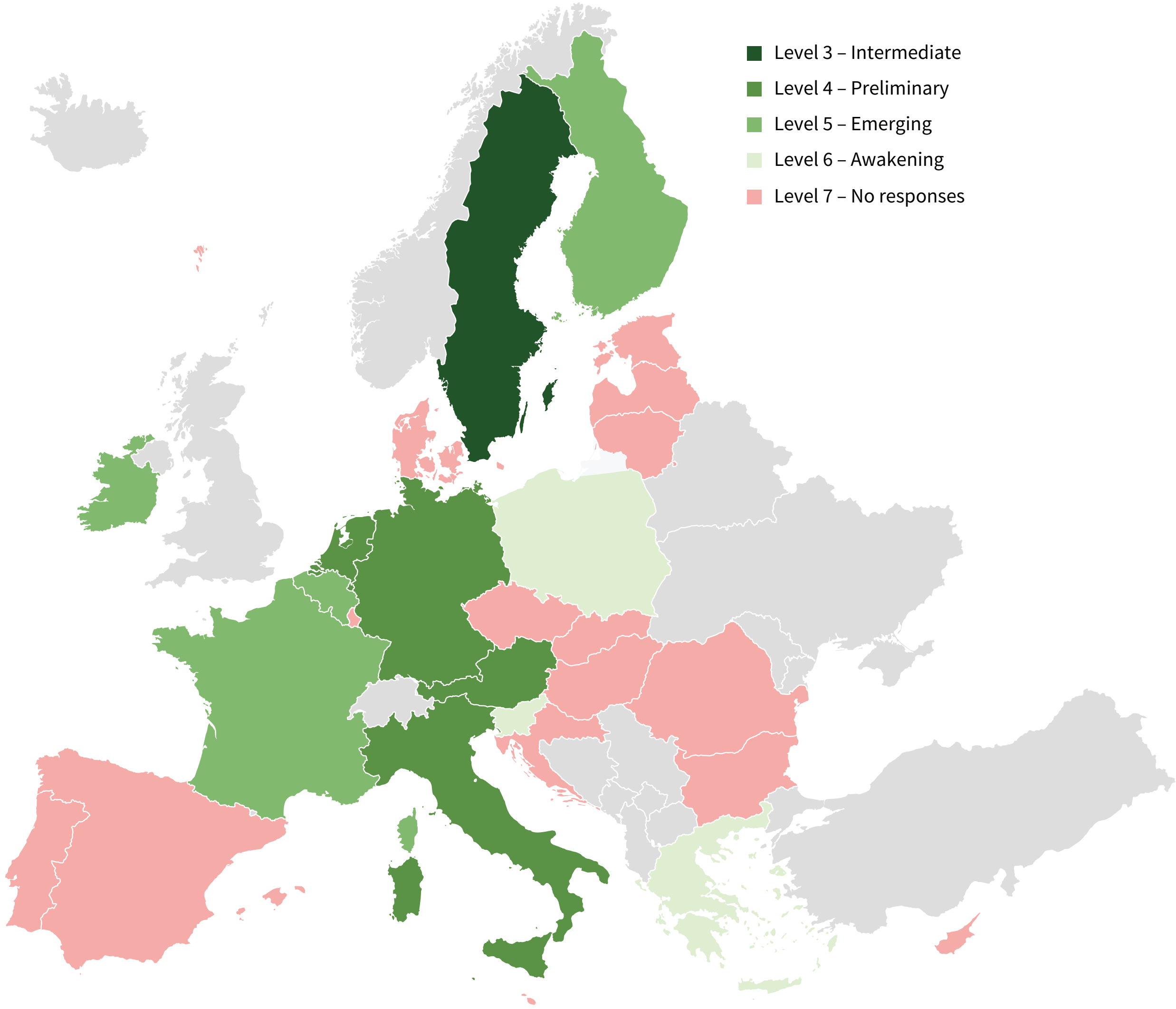
Types of support initiatives

The support measures currently available to young carers across the EU can be grouped into three categories: systemic, targeted and general.

Systemic support

Systemic support initiatives focus on raising awareness and improving the overall support system for young carers. The Netherlands established the Strategic Alliance for Young Carers (Strategische Alliantie Jonge Mantelzorg) in 2020. This alliance acts as a network for young carers aged under 25 years and for professionals, such as social workers, medical professionals and any other specialists that can support young carers, to facilitate knowledge exchange and connection within the young carer community. Another similar project ran in Finland between 2016 and 2023: the 'Jangsterit' initiative's goal was to identify and support young

Figure 15: Levels of recognition and support for young carers



Note: *No EU Member State is at level 1 – incorporated/sustainable, level 2 – advanced or level 3 – intermediate.*
Sources: *Goodger and Kennedy, 2024; Leu et al., 2023; and the Network of Eurofound Correspondents*

caregivers under the age of 18. Led by the Finnish Association of Family Caregivers and supported by the Ministry of Social Affairs and Health, it developed a systematic approach combining identification tools for professionals, direct support services for young carers (including peer support and online resources), and a national expert network for advocacy and knowledge sharing. While the project established infrastructure for recognising and supporting young carers through professional toolkits, research collaboration and coordinated multistakeholder partnerships, it ended in 2023 (as planned). Initiatives similar to this one often have a limited lifespan, posing the risk that young carers benefiting from their activities are left without the support structures they have started to rely on.

Targeted support

Targeted support refers to initiatives specifically designed and implemented to address the unique needs and challenges of young carers. While an impact evaluation is not available for most of these initiatives, some uptake statistics and academic research studying the interventions indicated that such support services are essential.

Examples of targeted support are as follows.

- **Information and counselling.** The initiatives ‘Superhands’ of Austria, ‘Pausentaste’ of Germany (with 3 300 consultations by mail or phone since its establishment in 2018) and ‘La pause Brindille’ (‘The Brindille Break’) of France all exemplify this approach to providing support. They offer online platforms, hotlines and counselling services specifically designed for young carers, ensuring easy access to information and emotional support. ‘La pause Brindille’ also promotes festivals and activities to help in the integration and socialisation of young carers, another fundamental aspect of avoiding social isolation.

- **Respite and social activities.** Young carers often shoulder significant responsibilities, taking away time from their formative activities, including education and socialisation. Denmark's 'Børne- og UngeBuddies' ('Child and young- buddies') project and Malta's 'Super Sibs' programme offer socialising opportunities and social activities tailored to young carers' needs. These initiatives create a space for young carers to connect, share experiences and enjoy activities away from their caregiving roles, fostering a sense of normalcy and reducing isolation. Follow-up research for the 'Børne- og UngeBuddies' project has found that young carers developed meaningful relationships with their 'buddies', creating opportunities to discuss challenging topics, and that this dedicated time served as valuable respite, reducing feelings of isolation and improving well-being (Nissen et al., 2022).
- **Education and employment support.** It is vital to support young carers' education and future employment prospects, especially since caring activities may erode the time dedicated to these activities. Italy's 'Initiatives for young carers in schools and universities' ('Iniziative per i giovani caregivers in ambito scolastico e Universitario') and Slovakia's 'National project "skills for labour market"' ('Národný projekt "Zručnosti pre trh práce"') are examples of initiatives providing such support. Providing flexible schedules, dedicated support and skills development opportunities can help young carers balance their caregiving responsibilities with their personal and professional growth. In Poland, the University Support and Development Team (Uniwersytecki Zespół Wsparcia i Rozwoju) at the University of Szczecin offers educational and psychological counselling, assistance with financial aid applications and guidance to improve the caregiving abilities of students with caring responsibilities.

General support

General support encompasses broader policies, programmes or initiatives that may benefit young carers as part of a larger target group. This general support can also be derived from policies protecting children's rights. In Sweden, the approach is to provide sufficient support for families, thereby preventing children from assuming caregiving roles. The 'Mission to strengthen and develop support to children as relatives' ('Uppdrag att stärka och utveckla stödet till barn som anhöriga'), launched in 2021, targets children in families dealing with addiction, mental health issues, violence or long-term illness. This policy, while not exclusively for young carers, addresses the broader needs of children within challenging family situations, aiming to provide them with necessary support and alleviate potential negative consequences. Another example is linked to financial assistance: Ireland's Carer's Support Grant is also accessible to carers aged 16 and above. Though not age-exclusive, it acknowledges that young carers contribute substantially to caregiving in family contexts and that they too may require financial support.

New technologies supporting unpaid care

Undeniably, smartphones and apps have reshaped how Europeans interact in all spheres of their lives, including caregiving. This trend was accelerated by the COVID-19 pandemic, with innovative solutions created ad hoc to deal with the crisis (Deloitte, 2022). New technologies have been implemented to provide support, information and resources to unpaid carers, aiming to alleviate the challenges and burdens experienced. Digital apps, mostly deployed on mobile devices, aim to be convenient, cost-effective and tailorable to the personal needs of unpaid carers and the people they care for. One of the main innovations introduced in support of caregiving is the use of digital apps that deliver educational resources on specific conditions and caregiving techniques, offer communication tools, and track and monitor health metrics, appointments, medications and the care recipient's location. The apps also offer planning and organisation tools for scheduling tasks, setting reminders and managing resources. Self-care measures, such as stress management, mindfulness and access to support services, are also included.

In Germany, digital nursing applications were introduced through the Digital Care and Nursing Modernisation Act in 2021, establishing an innovative framework for digital health support. These applications should ideally serve as digital assistants, facilitating communication between care recipients, unpaid carers and healthcare professionals, while helping maintain or improve health outcomes. The legislation entitles approximately 4 million care recipients to access digital nursing applications, with long-term care insurance covering up to EUR 50 monthly for approved applications and related support services (Bundesministerium für Gesundheit, 2024). At the time of writing, there are no apps listed in the directory, indicating potential obstacles for developers of such applications.

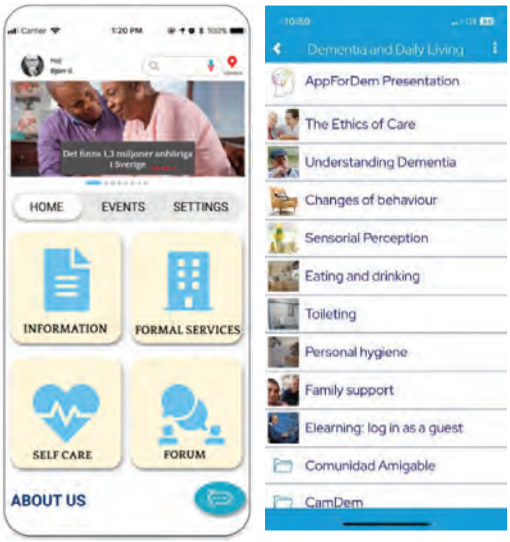
There are also several examples of e-health apps for unpaid caregivers that have been developed with the support of EU funding. In Sweden, the e-coaching app AnhörigCare, funded through the Marie Skłodowska-Curie actions programme, provides practical information, such as information on local formal care services, and resources on various aspects of caregiving, assisting unpaid caregivers with their caregiving responsibilities and self-care (Premanandan, 2024). Another example is the AppForDem project, funded by the European Commission's Erasmus+ programme, which aimed to develop and evaluate educational resources to support both formal and unpaid caregivers of individuals with dementia. One of the resources arising from this project is an app called Dementia and Daily Living, containing several informative resources. The app was positively evaluated by users, and provided useful guidance for managing real-life situations in dementia care. The project was a collaborative effort involving partner organisations from Denmark, Italy, Romania and Spain, with the app being available in English, Italian, Romanian and Spanish (AppForDem, undated).

A further example of an application designed for mild cognitive impairment and to be used by both patients and their informal caregivers is SMART4MD (part of the 'Support monitoring and reminder technology for mild dementia' project), which was tested in Belgium, Spain and Sweden, and funded by the European Commission's Horizon 2020 programme. While the first two apps (AnhörigCare and Dementia and Daily Living; see Figure 16) were validated by a group of experts, SMART4MD underwent a systematic evaluation by means of a randomised controlled trial. The trial took place in Sweden between December 2017 and September 2020. Participants included individuals aged 55 and over with mild cognitive impairment and their unpaid caregivers. During the six-month evaluation period for each dyad (person with mild cognitive impairment and their unpaid carer), the intervention group (173 participants) received a 1.5-hour training session on how to use the app, while the control group (172 participants) received the usual care. The economic evaluation could not determine whether the app was cost-effective, and results regarding the app's impact on quality of life were inconclusive. In particular, it was unknown how the participants used the app, and only the presence of the app was recorded, missing important information on the behavioural change instigated by the app (Ghani et al., 2022).

Three main reflections stem from these experiences. First, the introduction of applications in support of unpaid caregivers would benefit from a thorough evaluation that goes beyond expert validation: knowing what works and for whom is highly relevant to assess the benefits of such interventions, especially how they compare with standard forms of care. Second, it is fundamental to understand the mechanisms behind such effectiveness. Where behavioural change is driven by applications, policymakers should know why and in which direction such changes happen. Finally, evaluation of the apps' effectiveness should be carried out not only in the short term, but also in the long term, ensuring the direction and magnitude of impact on caregivers' well-being, quality of life and caring burden leads to lasting change (Bidenko and Bohnet-Joschko, 2022; Guessi Margarido et al., 2022).

The experiences with emerging digital apps aiming to support unpaid caregiving can highlight the need for a greater focus on caregivers' personal needs, as many apps only focus on supporting caregiving activities, but fewer address the emotional, physical and financial well-being of carers. Furthermore, as discussed in Chapter 2, the needs of unpaid caregivers vary greatly, including depending on the reason why care is provided: improved, tailored apps focusing on the care recipient's conditions, the carer's age and the carer's relationship with the care recipient could be more effective at supporting carers.

Figure 16: Screenshots of two EU-funded digital apps for unpaid carers



Notes: *Representative screenshots illustrating the user interfaces of the AnhörigCare app (left); and the Dementia and Daily Living app, developed through the AppForDem project (right).*
Source: *Premanandan, 2024*

While digital applications for mobile devices are the most immediate innovations in unpaid care, more technologically evolved solutions, particularly artificial intelligence (AI) and robots, are also being developed to support unpaid carers. For example, robots like the Japanese-made RIBA-II are potentially helpful in supporting physically demanding tasks, such as lifting and moving individuals. AI and large language models (LLMs) also offer promising support for caregivers. A recent review identified several beneficial applications: AI-powered chatbots for mental health support, LLMs for conducting health risk assessments (including predicting peaks in caregivers' burden), and AI systems to support decision-making and personalised education (Borna et al., 2024). Therefore, future technological solutions powered by AI and LLMs are likely to include features such as monitoring and safety, or cognitive and behavioural support for the management of symptoms associated with dementia (Damant et al., 2024; Parviainen et al., 2019).

While new technologies hold the promise of providing additional support for unpaid carers, several significant barriers and potential risks must be acknowledged and considered. These downsides range from technological challenges, such as digital literacy issues and complex interfaces that may overwhelm carers, to organisational barriers, including fragmented systems and poor awareness of available tools. Socioeconomic factors also play a crucial role, as the financial challenges that many unpaid carers face limit their access to devices and internet services, as well as the cost of the app or program. Moreover, ethical concerns around data privacy, surveillance and the potential loss of the human element in caregiving must be addressed. Any implementation of digital or technological solutions must, therefore, be approached thoughtfully, ensuring they are user centred, accessible and complementary to rather than replacing personal care, while also considering the broader context of support for carers who may already be struggling with complex systems and situations (Hassan, 2020).

Key insights

- Support policies for unpaid carers should address eight key needs: recognition; reconciliation of care, employment and personal life; access to formal care resources; information, education and training; social protection; income; health and well-being; and emotional and social needs.
- These eight needs are interconnected and mutually reinforcing. Recognition is particularly important, as it influences visibility, support eligibility and access to entitlements.
- Policy responses vary widely across Member States in terms of eligibility, generosity, coverage and implementation. While some offer comprehensive frameworks, others provide minimal or fragmented support.
- Leave entitlements (emergency, short- term and long- term) and flexible working arrangements are among the most common reconciliation measures, but many are unpaid, and access is limited to specific employment statuses or family ties.
- Formal care support, including respite care and home care assistance, is crucial for reducing unpaid carer burden, but services remain underdeveloped or difficult to access in many regions.
- Training and education measures help carers manage care responsibilities and build skills that support return to work, but gaps remain in availability, participation, and financial accessibility, particularly in rural areas.
- Young carers require targeted support beyond pilot initiatives, including improved data collection and long-term policy frameworks that reflect their specific situation.
- New technologies, including digital apps, AI and assistive robotics, have emerged as complementary tools to support carers. However, their uptake and impact depend on accessibility, ethical safeguards and long-term evaluation frameworks.

Conclusions and policy pointers

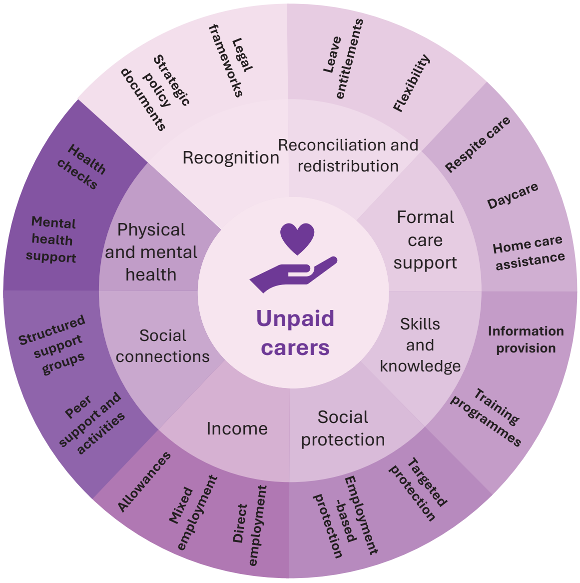
The care economy, including both paid and unpaid activities, is fundamental to the functioning of our societies and economies. It underpins individual well-being while enabling all other forms of work to take place. Care and support come in many forms and benefit people of all ages, the families that they are a part of and wider society. Several changes in society are affecting the care economy, from demographic shifts, climate change and the digital transformation, to developments in the world of work. Furthermore, the care economy manifests itself very differently at the local, national and transnational levels. These variations reflect the diverse capabilities of public, private and community players involved in care provision and the dynamics between them. Despite its self-evident importance, the care economy often lacks visibility. However, recent policy debates have increased its importance as a shared priority for all societal actors.

This report focuses on unpaid care that is provided to people of all ages and with a variety of care and support needs. Recent data on the prevalence and nature of unpaid care in the EU, challenges faced by unpaid carers and existing support mechanisms in place across Member States are presented. The report also introduces a policy wheel to illustrate unpaid caregiving needs and ways to address them. Eight critical areas of needs of unpaid carers are identified (see Figure 2, repeated below). The first seven are reconciliation and redistribution, formal care support, skills and knowledge, social protection, income, social connections, and physical and mental health. The eighth one, recognition, is the cornerstone that underpins all other needs, transforming invisible unpaid carers into visible contributors to society. This is true for unpaid carers who are also active in the labour market, but it is even more crucial for carers who are not engaged in paid work, as their needs are at a higher risk of being underestimated and their availability is more likely to be taken for granted, exacerbating the impact of their caring responsibilities on their lives (di Torella and Masselot, 2020).

As the demand for care continues to grow, an integrated approach to supporting unpaid carers is essential to ensure sustainable care provision across the EU. While support mechanisms vary significantly in their scope and implementation across Member States, the foundation of these support systems lies in the recognition of unpaid carers, which in turn shapes how different countries approach caregiver support. Financial security represents one of the main policy pillars, including both direct and indirect financial assistance for unpaid carers. The generosity and accessibility of these measures differ noticeably between Member States, reflecting varying national priorities and resources. Reconciliation and redistribution policies are another essential component, with flexible working arrangements and care leave provisions preventing carers from withdrawing, totally or partially, from employment. These measures are vital for maintaining carers' economic independence and professional development, and recent developments and improvements in this area, albeit with some shortcomings, have been pushed by the work–life balance directive. Social protection addresses the long-term financial security of unpaid carers, with systems varying in how they account for care periods in pension entitlements and other social benefits. Social protection also takes charge of protecting the health of unpaid carers, and in some rare instances it also insures them against accidents that may occur while caring for others. Formal care support delivered through community-based services, including respite care and day centres, helps prevent carer burnout and supports sustainable care arrangements. Information provision, education and training programmes equip carers with the necessary skills and knowledge, while specific health and well-being interventions address the impacts of caregiving on physical and mental health. Technological innovations increasingly complement traditional support mechanisms across all policy interventions. Their effectiveness ultimately depends on their ability to address the diverse needs and capabilities of unpaid carers.

Following the identification of unpaid carers' needs and the collection of policy solutions from across the EU, each category of needs has been linked to corresponding families of policy solutions, resulting in a complete policy wheel for supporting unpaid carers.

Figure 2: Policy wheel regarding support for unpaid carers



Source: *Eurofound*

Policymakers should use this policy wheel, first and foremost, as a gap analysis framework to assess their current support system against all eight dimensions, identifying areas where support may be lacking or insufficient. Second, policymakers should use the policy wheel to check for policy coherence, as all dimensions are interconnected: for example, recognition policies have a direct impact on access to financial support and social benefits, while reconciliation measures need to work in tandem with care resources and redistribution policies to be truly effective. By understanding these relationships, policymakers can develop more integrated support packages. Third, as budgetary constraints affect the number and extent of policies implemented, policymakers can use the wheel to identify areas that require immediate attention versus those that are candidates for long-term development. Fourth, the wheel can be used as a framework to monitor and evaluate policies, linking each element to indicators and outcomes, tracking progress and effectiveness, and making evidence-based adjustments in time. Lastly, from a comparative perspective, the policy wheel can facilitate learning and policy transfer by providing a common framework for comparing approaches across Member States.

It needs to be borne in mind that reflections of policymakers and stakeholders based on the proposed policy wheel must be accompanied by the thorough consideration of policy drift implications and risks. Policy drift occurs when a policy system and its interventions gradually shift away from their initial purposes. This phenomenon can be driven by multiple factors: incremental changes made by policymakers, changes in circumstances, institutional changes (for example, personnel turnover and shifting priorities) and political pressures. As evidenced throughout this report, the context in which unpaid care takes place has shifted dramatically over the decades, and projections indicate these changes will persist. For example, policies that were designed decades ago around the nuclear family may not be adequate for changing family structures (for example, smaller families, geographically dispersed families), and policies that exclusively target women as unpaid carers may not facilitate men's increasing caring responsibilities.

The following policy pointers are drawn from this report's findings and the guidance provided by the policy wheel.

Policy pointers

Care is a human need and a social responsibility. For the provision of unpaid care to be a choice rather than a necessity, comprehensive carer support is essential; without it, there is a risk that inequalities in care will be perpetuated. When unpaid care is not provided out of choice, its quality may be compromised, along with the well-being of carers and care recipients, and its overall societal benefit may fall short of its potential.

Improve recognition of unpaid carers.

- Unpaid carers can be recognised through either declaratory legislation (statements of recognition without enforceable rights or obligations) or substantive legislation (enforceable legal rights or obligations).
- Where legislative routes are not viable, identification and recognition of unpaid carers can be achieved through other policy instruments, including national care strategies and action plans, administrative directives from relevant ministries and social policy frameworks. While national care strategies do not have the same legal weight as legislation, they can formally define and recognise different categories of unpaid carers, outline their roles and establish frameworks for their support.
- Given the fragmented and diverse definitions of unpaid carers across Member States, EU-level reflections on broader, more consistent definitions should be encouraged. This would help Member States strengthen and improve data collection, data comparability and policy development.
- Any recognition framework must account for a variety of family structures, including geographical dispersion and extended family networks. Carer recognition should be inclusive, acknowledging the role of friends and neighbours alongside family members and relatives.

- Self-identification of unpaid carers should be facilitated through health professionals' support and the reduction of stigma. The resulting reduction in hidden caring will clear the way for access to support and resources.
- Targeted strategies should be implemented to identify and support young carers, beginning with improved data collection methods specifically designed to capture the scale and nature of caring responsibilities of children and young people.
- Active engagement with all categories of unpaid carers, care recipients and their representatives at all stages of policymaking is essential for ensuring that their voices are heard and amplified.
- The role of the EU could also be further leveraged by implementing initiatives that foster a culture of recognition of unpaid carers.

Promote fair sharing of care and support care–life balance.

- Addressing gender stereotypes is essential so that unpaid care is redistributed equally between men and women.
- Particular emphasis should be placed on establishing and promoting care-related support for men, including parental and paternity leave, while actively encouraging men's uptake of such support.
- The increasing demand for care, coupled with targets for labour market participation rates, necessitates policymaking with the goal of achieving better balance and reconciliation between paid work, unpaid work and other realms of life.
- For unpaid carers without paid employment, the policy focus should be on promoting well-being while supporting labour market participation where possible.
- For unpaid carers who are also engaged in paid employment, the formal and informal flexibility of workplaces is key.

Improve access to affordable care services of good quality.

- Access to affordable formal care services of good quality is key in ensuring that caregiving is a genuine choice, in supporting unpaid caregivers, and in reducing care intensity and alleviating carer burden.
- Comprehensive monitoring frameworks should be developed to track the uptake, effectiveness and impact of unpaid carer support measures.
- Particular attention should be paid to monitoring workforce shortages in formal care services that have a direct impact on respite care, daycare centre services and the availability of home care assistance. Better evidence allows for targeted improvements and resource allocation, and for better management of combinations of care types.
- Barriers to respite care should be removed through public awareness campaigns about available services, training programmes to increase the pool of qualified substitute carers, simplification of administrative access procedures and geographically balanced service distribution, especially focusing on rural areas.
- Projects targeting young carers should be designed beyond the pilot phase, with sustainable and long-term support structures put in place.
- A framework should be created for the development and implementation of caring technologies that addresses barriers to access and ethical concerns. It should include digital literacy support for carers, standards for user-friendly and safe interfaces, subsidy programmes for devices and connectivity, and robust data protection protocols.

Enhance carer capabilities through training and education.

- Appropriate training and educational resources that address the physical and emotional demands of caring are essential for safeguarding care recipients and empowering carers. The knowledge and skills gained are valuable not only during unpaid caregiving, but also when caring responsibilities end, and individuals seek to establish replacement life patterns.
- Explicit consideration should be given to how the experience gained in caregiving can be formally recognised and potentially transferred to the labour market.
- Carers need to be informed about available support services, acknowledging that time constraints and mental fatigue can impede access to resources.
- Training initiatives should specifically target rural and remote areas, and incorporate digital options to overcome geographical barriers. They should also ensure that participation is financially supported and accommodates carers' time constraints.

Enhance social protection for carers.

- Short- and long-term social protection should be provided for unpaid carers who are also engaged in paid work; care periods should contribute towards entitlements to pensions and other social protection benefits. Where full coverage is deemed unfeasible, options for maintaining contributions at one's own (full or partial) expense should be made available.

- Social protection should account for the duration and intensity of care provided, offering proportionate protection while maintaining incentives and pathways for employment participation when appropriate.
- For carers not in paid employment, long-term social protection measures should be considered.
- Health and accident insurance coverage is crucial, given unpaid carers’ exposure to physical and mental health risks. This protection is particularly vital given the financial pressures many carers already face, and should be established for all unpaid carers.
- Given the anticipated changes in the nature of the care burden, Member States should implement regular reviews of these policies to assess their impact on carers’ long-term economic security and well-being.

Support financial well-being of unpaid carers.

- Adequate financial support must account for both direct and indirect costs of caring.
- Consideration must be given to the relationship between care allowances and undeclared work, ensuring that support measures do not inadvertently encourage informal employment in the care sector.
- Financial benefit systems should be designed to balance flexibility with appropriate safeguards, for both the carer and the care recipient. Member States should consider introducing conditions that encourage a mixed care economy, combining formal services with supported unpaid care. This could include earmarking portions of payments for specific support services, providing guidance on appropriate use of funds and creating complementary services that prevent full withdrawal from the labour market.

Safeguard unpaid carers’ health and well-being.

- Dedicated health programmes should monitor unpaid carers’ physical well-being, particularly regarding repetitive strain injuries and health hazard exposure, in ways comparable to programmes for professional care workers.
- Mental health support should be tailored to specific caring contexts, especially for conditions known to create significant emotional burden, such as dementia.
- Measures must address issues of loneliness and isolation experienced by carers. Support should enable carers to maintain connections and personal development, ensuring that caring responsibilities do not compromise individuals’ identity.

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Annexes

Annex 1

Table A1: Unpaid carer definitions

Member State	Is unpaid carer defined?	Law	Name and definition of carer	Relationship between carer and care recipient	Definition of care	Year
Austria	X	–	–	–	–	–
Belgium	✓	Law of 12 May 2014 on recognition of informal carers	*Mantelzorger* (informal caregiver or family caregiver) – a caregiver is a person who provides continuous or regular help and assistance to an assisted person.	People who have established a relationship of trust, or a close, affectionate or geographical relationship with the assisted person.	Provides regular help or assistance, not on a professional basis, in collaboration with a professional caregiver.	2019
Bulgaria	X	–	–	–	–	–
Croatia	✓	Zakon o socijalnoj skrbi (Social Welfare Act; Official Gazette No 18/22)	*Roditelj njegovatelj / Njegovatelj* (parent caregiver / caregiver) – a caregiver is a parent or household member who assumes the responsibility of providing care and assistance to a child with developmental disabilities or a person with a disability. To qualify for this role, the caregiver must meet several criteria.	Family members.	Provides specific care by performing medical/technical procedures for the care of a child with developmental disabilities or a person with a disability.	2022
Cyprus	✓	The Leave (Paternity, Parental, Caregiver, Force Majeure) and Flexible Working Arrangements for Work–Life Balance Law 2022 (216(I)2022)	*Φροντιστής* (caregiver) – a caregiver is a worker who provides personal care or support to a relative or person living in the same household who is in need of significant care or support for a serious medical reason.	A relative or household member.	Provides personal care or support for serious medical reasons.	2022
Czechia	✓	Social Services Act (Act No 108/2006 Coll.), Law Civil Code (Act No 89/2012 Coll.)	*Blízká osoba* (close person) – a close person is a relative in the direct line, a sibling, or a spouse or a partner under another law governing registered partnerships. Other people in a family or similar relationship are considered to be people close to each other if the damage suffered by one of them is reasonably felt by the other as their damage. It is considered that close people are also in-laws or people who live together permanently.	Relatives, siblings, spouses, partners, family or similar relationships.	–	2006 and 2012
Denmark	X	–	–	–	–	–
Estonia	X	–	–	–	–	–

Member State	Is unpaid carer defined?	Law	Name and definition of carer	Relationship between carer and care recipient	Definition of care	Year
Finland	✓	Act on Support for Informal Care (937/2005)	*Omaishoitaja* (informal caregiver)	Relatives or other close people.	Provides care for someone in the home due to reduced capacity, illness or injury, or similar cause (older adults, people with disabilities, people managing illnesses).	2006
France	✓	Social Action and Family Code (Code de l'action sociale et des familles) (L.245)	'Spouse, partner with whom he/she entered into a civil solidarity pact (*pacte civil de solidarité*), his/her cohabitee, a relative or an ally, defined as family carers, or a person residing or maintaining close and stable links with him/her, and regularly and frequently assisting him/her in a non-professional capacity to perform some or all functions and activities of everyday life' (Article L113-1-3)	Family, relatives and allies who have a close and stable relationship.	Assists with functions and activities of everyday life.	1956 – last modified in 2024
Germany	✓	Social Code Book XI	*Pflegepersonen* (caregivers) – caregivers are people who provide care to a person in need of care in their home environment. Caregivers do not provide this help as part of their gainful employment or as professional care workers.	Family, friends and neighbours.	Assists due to health issues that limit the care recipient's independence or abilities. Impairments can be of a physical, cognitive or psychological nature. Care is provided at home, for a minimum 10 hours per week spread over two days.	1995
Greece	✓	Law 4808/19 of June 2021	*Φροντιστής* (caregiver) – an employee who provides personal care or support to a relative or person who resides in the same household as the employee and who is in need of significant care or support for a serious medical reason.	Spouses, civil partners, children, parents, siblings, etc.	Provides personal care or support for a serious medical reason.	2021
Hungary	✗	–	–	–	–	–
Ireland	✗	–	–	–	–	–
Italy	✓	Law No 205/2017	*Caregiver familiare* (family care provider) – a person who assists and takes care of specific individuals.	A spouse, same-sex civil partner, cohabitant, family member or relative up to the second degree, or, in the presence of a severe disability, a family member up to the third degree.	Care is needed when a person has an illness, infirmity or disability, which may be chronic or degenerative. This care is required because the person is not self-sufficient and cannot take care of themselves. They need comprehensive and continuous long-term assistance to manage their daily lives.	2018

Member State	Is unpaid carer defined?	Law	Name and definition of carer	Relationship between carer and care recipient	Definition of care	Year
Latvia	X	Law on Social Services and Social Assistance (Latvian Saeima, 2024), Section 23	—	Family members living together in the same household, defined as having common expenses for food with the person to be cared for.	—	2003
Lithuania	✓	Ministerial Order Decree No A1–492/V-836 of 21 July 2023	*Prižiūrintis asmuo* (caregiver) – caregivers are the spouses, parents (or step-parents), children (or step-children), brothers (or step-brothers), sisters (or step-sisters), grandparents, grandchildren and their spouses, cohabiting individuals or other individuals who provide care at home to the person identified.	Spouse, parents (step-parents), children (step-children), brothers (step-brothers), sisters (step-sisters), grandparents, grandchildren and their spouses, cohabiting individuals or other individuals.	—	2023
Luxembourg	✓	Code de la sécurité sociale: Livre V – Assurance dépendance	*Aidant informel* (informal caregiver) – a caregiver is a person who provides full or partial aid and care for a dependent person at home, without belonging to a professional network of aid or care.	Provides care at home (must be evaluated by dependency insurance).	Care is given to a person who requires significant and regular assistance from another individual due to a physical, mental or psychological illness or disability. This support is necessary for carrying out essential daily activities. This happens on a regular basis of at least once a week.	1999
Malta	✓	Chapter 318 of the Laws of Malta – Social Security Act, Legal Notice 201 of 2022	*Carer / persuna li tindokra* (carer) – a carer takes care, all by themselves, on a full-time basis and regularly, of their spouse, parent, brother, sister, grandparent, uncle, aunt, father-in-law, mother-in-law, brother-in-law or sister-in-law, and lives in the same household as that person.	Family members or cohabitants.	Provides full-time care on a regular basis.	1987 and 2022
Netherlands	✓	Social Support Act 2015, Long-Term Care Act	*Mantelzorger* (informal carer) – a natural person who, as a direct result of an interpersonal relationship, provides care but not on a professional or commercial basis.	Provides care due to social relationship.	—	2015
Poland	✓	Act of 25 February 1964 (Family and Guardianship Code)	*Opiekun nieformalny* (informal caregiver), *opiekun* (caregiver), *opiekun faktyczny* (de facto caregiver/guardian) and *opiekun prawny* (legal guardian).	Spouse, parents and legal guardians.	The caregiver is responsible for fulfilling the vital needs of the person under their care and managing their property. The guardian also acts as the legal representative of their ward, allowing them to perform legal acts on behalf of the ward.	1964 – amended in 2023

Member State	Is unpaid carer defined?	Law	Name and definition of carer	Relationship between carer and care recipient	Definition of care	Year
Portugal	✓	Law 100/2019, Law 20/2024	*Cuidador informal* (informal caregiver) – an informal caregiver is a spouse, de facto partner, relative or family member up to the fourth degree of kinship (e.g. children, grandchildren, siblings, parents, uncles, grandparents or cousins) of the person being cared for. Additionally, an informal caregiver can be anyone without family ties who lives in the same household or parents with shared custody of the cared-for person.	Family members or household members.	Provides care to individuals in a situation of dependency, and is recognised as either the main or the non-main informal caregiver.	2019
Romania	✓	Law No 292/2011	*Îngrijitor informal* (informal caregiver) – a person without professional training, family member, relative or any other person who provides personal care to the person who has lost functional autonomy.	Family members, relatives or any other person.	Provides personal care – that is, help with basic activities and instrumental activities of daily living.	2011
Slovakia	✓	Act No 447/2008 Coll. on direct payments for compensation of severe disabilities, as amended	—	Can be a spouse, parent, surrogate parent, guardian or other family member, including a grandparent, adult child, adult grandchild or in-law. The caregiver can also be someone with permanent or temporary residency in the same household as the dependent person.	Provides home care for individuals with severe disability, long-term illnesses or other health issues.	2009
Slovenia	✓	Long-Term Care Act (ZDOsk-1)	*Oskrbovalec družinskega člana* (carer of a family member) – a caregiver provides long-term care services at home and must be a family member, such as a spouse, partner, child, parent, sibling, grandparent or grandchild, who lives permanently or temporarily at the same address as the care recipient.	Family members who live permanently or temporarily at the same address as the care recipient.	Provides long-term care services at home for a dependent person.	2023
Spain	✓	Law 39/2006 on the promotion of personal autonomy and care for dependent persons	*Cuidador no profesional* (non-professional caregiver) – care is provided to dependent people at home, by members of the family or their social circle, and is not linked to a professional care service.	Family members or close friends.	Provides care at home, not linked to a professional care service.	2007

Member State	Is unpaid carer defined?	Law	Name and definition of carer	Relationship between carer and care recipient	Definition of care	Year
Sweden	✓	Swedish Social Services Act (2001:453)	*Anhörig* (relative) or *annan person* (other person) – an informal caregiver is a family member or close relative who provides care for someone due to long-term illness, older age or disability. Additionally, the term '*annan person*' refers to a caregiver who is not a family member or relative but is still considered close to the person receiving care.	Family members or close friends.	Provides care for long-term illness, older age or disability.	2009

Source: *Based on input from the Network of Eurofound Correspondents, and Eurofound's own desk research*

Annex 2

Table A2: Names of national correspondents who participated in the research

Country	National correspondent	Organisation
Austria	Bernadette Allinger	Working Life Research Centre (FORBA)
Belgium	Dries Van Herreweghe and Laurène Thil	HIVA – Research Institute for Work and Society, KU Leuven
Bulgaria	Gabriela Yordanova	Institute of Philosophy and Sociology at the Bulgarian Academy of Sciences (IPS-BAS)
Croatia	Predrag Bejaković	Faculty of Economics, Business and Tourism, University of Split
	Irena Klemenčić	Faculty of Law, University of Zagreb
Cyprus	Loucas Antoniou	Cyprus Labour Institute of the Pancyprian Federation of Labour (INEK-PEO)
Czechia	Aleš Kroupa	Research Institute for Labour and Social Affairs
Denmark	Christoffer Andresen Madsen, Benjamin Rom Viegand Hansen and Juliane Esper Ramstedt	Moos-Bjerre A/S
Estonia	Katre Pall	Praxis
Finland	Mikael Lundqvist	Oxford Research
France	Victória Fonseca and Fréderic Turlan	IR Share
Germany	Sandra Vogel and Lena Holtmeyer	German Economic Institute (IW)
Greece	Elena Kousta	Labour Institute of the General Confederation of Greek Workers (INE GSEE)
Hungary	Nóra Krokovay and Szandra Kramarics	Kopint-Tárki and HUN-REN Centre for Social Sciences (TK SZI)
Ireland	Rosanna Angel	Industrial Relations News (IRN)
Italy	Roberta Cupertino	Fondazione Giacomo Brodolini SRL SB
Latvia	Krišs Karnītis	EPC Ltd
Lithuania	Inga Blaziene and Jolita Juneviciene	Lithuanian Centre for Social Sciences
Luxembourg	Franz Clément and Nathalie Lorentz	Luxembourg Institute of Socio-Economic Research (LISER)
Malta	Christine Garzia	Centre for Labour Studies, University of Malta
Netherlands	Thomas de Winter	Panteia
Poland	Anna Chowaniec	Ecorys
Portugal	Heloísa Perista	Centro de Estudos para a Intervenção Social (CESIS)
Romania	Nicoleta Voicu	Center for Public Innovation
Slovakia	Daniela Kešelová and Zuzana Turkovič	Institute for Labour and Family Research
Slovenia	Maja Breznik	Faculty of Social Sciences, University of Ljubljana
Spain	Iñigo Isusi and Jessica Durán	IKEI Research and Consultancy SA
Sweden	Sydney Mc Loughlin Laewen and Nils Brandsma	Oxford Research

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As countries face increasing pressure when it comes to providing care services, unpaid caregivers make an invaluable contribution. Care is needed at all ages of life, particularly when individuals face health issues or disabilities. The majority of care is provided within families, without financial compensation. This report investigates the situation of unpaid carers, focusing on their characteristics and the type of care and support they provide. It also looks at their time-use patterns, their well-being and the challenges they encounter. The report analyses how unpaid caregivers are defined across the EU and examines national-level policies aimed at supporting them. While the analysis covers all unpaid carers, including those providing childcare and long-term care, a specific focus is placed on two groups: young caregivers and those providing multiple types of unpaid care.

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